

Total Disability and Totally Disabled

Total Disability must be caused by Sickness or Injury and must commence while you are insured under the policy. You will be considered Totally Disabled if:

- 1. During the Elimination Period and the following 36 months, you are unable to perform all the material and substantial duties of your Regular Occupation.
- 2. After the Elimination Period and the following 36 months, you are unable to perform the duties of Any Occupation.

Basic Monthly Earnings (with respect to partners)

If you are a partner, your Basic Monthly Earnings will be calculated from the partnership federal income tax return as follows:

- 1. From the line which shows "net earnings (loss) from self-employment" from Schedule K-1 of the partnership income tax return (form 1065) for the calendar year prior to the date your Period of Disability begins; or
- 2. For the period that you were a partner if you were not a partner during the year for which the most recent partnership federal tax return was filed.

It includes employee pre-tax contributions to a deferred compensation plan which is defined by a documented, pre-determined formula.

Partial Disability and Partially Disabled

A Partial Disability must be caused by Sickness or Injury and must commence while you are insured under the policy. You will be considered Partially Disabled if:

- 1. During the Elimination Period and the following 24 months you are:
 - a) unable to perform all the material and substantial duties of your Regular Occupation; and
 - b) performing at least one of the material duties of your Regular or Any Occupation on a Full-time Basis or Part-time Basis; and
 - earning at least 20% less than your Basic Monthly Earnings immediately prior to the onset of
 Disability and there is a Demonstrated Relationship between this earnings loss and your current
 Disability.
- 2. After the Elimination Period and the following 24 months, you are:
 - a) unable to perform the duties of Any Occupation; and
 - b) performing at least one of the material duties of your Regular or Any Occupation on a Full-time Basis or Part-time Basis.

Benefits for Partial Disability will be paid in accordance with the Rehabilitation provisions described in the REHABILITATION part of this Certificate.

Demonstrated Relationship

With respect to Partial Disability, the Sickness or Injury must be the material and substantial factor in causing the earnings loss. A Sickness or Injury would not have a Demonstrated Relationship to a Disability if the earnings loss was produced primarily by causes which are not related to a Sickness or Injury.

Regular Occupation

The occupation you are performing when your Period of Disability commences. This refers to your occupation as it is typically performed rather than the duties required by a specific employer or at a specific location.

Disability and Disabled

Disability means that you are either Totally Disabled or Partially Disabled.

If a particular occupation requires a license, you will not be considered Disabled solely because you are unable to either obtain a license or continue to qualify for a license.

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Elimination Period

The number of consecutive days of a Period Of Disability, shown in the INSURANCE SCHEDULE, which must be completed before we will pay you the Monthly Benefit. No benefits will be paid to you for any portion of your Period Of Disability that occurs during the Elimination Period.

During the Elimination Period, a Disability that is caused by the same or related Sickness or Injury will be considered as continuous even if you cease to be Disabled and return to work for a period not to exceed the applicable number of trial work days. Ten trial work days are provided for every 30 days in the Elimination Period to a maximum of 60 trial work days.

We will not count these trial work days toward satisfaction of the Elimination Period. However, if you become eligible for insurance under another group long term disability policy, the terms of this provision will not apply.

Elimination Period:

90 days per Period of Disability

Notice of Claim

You must send written notice of your claim:

- 1. Before the end of the Elimination Period;
- 2. To our Home Office; and
- 3. With enough information to identify you and your Employer.

If you cannot send notice within this time, we will not deny or reduce your claim if you can prove that notice was sent as soon as reasonably possible.

Claim Forms

We will send claim forms to you within 15 days after we receive your notice of claim. If we do not send the forms, you can send us written Proof of your Disability within the time shown in "Proof of Loss".

Proof of Loss

To aid in the determination of benefits payable, you will be required to submit all Proofs of claim on forms satisfactory to us within 90 days after the Elimination Period. If you cannot send such Proof within this time limit, it must be sent as soon as reasonably possible; but in no event, except in the absence of legal capacity, later than one year after the time such Proof is otherwise required.

As part of Proof of Loss, we have the right to require:

- 1. Clinical evidence substantiating your Sickness or Injury;
- 2. Your signed statement identifying all Other Income benefits;
- 3. Proof that you and your dependents have applied for all Other Income benefits that are available; and
- 4. Business and financial records or any other pertinent financial documentation we may deem necessary.

We may require additional Proof of your claim at any reasonable time during the Period of Disability. Any additional Proof of your claim must be returned to us within 30 days after we request it. We have the right at any time to conduct an investigation of your claim. No benefits will be paid until we have had a reasonable time to conduct and complete our investigation.

Who Is Eligible For The Monthly Benefit

We will pay you the Monthly Benefit shown in the INSURANCE SCHEDULE for a Period Of Disability, subject to all of the terms of the policy, if you satisfy all of the following conditions:

- 1. You must send Proof to us that you have become Disabled;
- 2. You must be insured under the policy at the time your Disability commences;
- 3. You must be under the regular and Continuing Care of a Physician for the Sickness or Injury causing your Disability; and
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4. You must have completed the Elimination Period shown in the INSURANCE SCHEDULE.

Calculation Of The Monthly Benefit

To determine the Monthly Benefit we will pay each month while you are Disabled:

- 1. Multiply your Basic Monthly Earnings by the benefit percentage as noted in the Monthly Benefit part of the INSURANCE SCHEDULE;
- 2. Take the lesser of:
 - a) the resulting figure; or
 - b) the maximum Monthly Benefit as shown in the INSURANCE SCHEDULE.
- 3. Carry forward the resulting figure in item 2 above and from it subtract all Other Income benefits, as defined in the OTHER INCOME part of the Certificate.

The Monthly Benefit will be payable subject to all the terms of the policy, including, but not limited to, the reductions for Other Income. If you are Partially Disabled, the Monthly Benefit will be determined in accordance with the REHABILITATION part of the Certificate. The benefit payable will never be less than the minimum monthly benefit shown in the INSURANCE SCHEDULE.

Other Income

Other Income means those benefits or amounts you receive or are eligible to receive as indicated below:

- 1. Any temporary or permanent award under:
 - a) any Workers' Compensation Law;
 - b) any Occupational Disease Law;
 - c) any other similar act or law; or
 - d) any settlement or damages which is made in lieu of Workers' Compensation benefits and is paid to you, or which you would be entitled to in the absence of recovery by your Employer or a Workers' Compensation insurer, but only to the extent that any such damages or settlement represent compensation for your loss of income.
- 2. Any disability benefits under any compulsory benefit act or law.
- 3. Any disability or loss of income benefits provided under:
 - a) any other group insurance plan, provided by your Employer, including any disability benefits received under the terms of a group life insurance policy for permanent total disability.
 - b) any Retirement Plan.
 - c) any governmental retirement system as a result of your job with your Employer.
 - d) any basic automobile reparations insurance (no fault) coverage unless prohibited by state law.
- 4. Any benefits received under any Retirement Plan from your Employer, including Disability Retirement Benefits, except that only that portion that is not funded by employee contributions will be considered a Retirement Plan benefit.
- 5. Any amount of disability or retirement benefits under:
 - a) the United States Social Security Act to which;
 - i) you are entitled; and
 - ii) your Dependents may be entitled because of your disability or retirement;
 - b) the Railroad Retirement Act;
 - c) any other similar act or law provided in any jurisdiction.
- 6. Any income received from any formal or informal salary continuance plan.
- 7. Any benefits under Unemployment Compensation Laws.

Application for Other Income

If you, your spouse, child, or children are or become eligible for any Other Income, you, your spouse, child, or children must:

- 1. Apply for such Other Income; and
- 2. Cooperate with us in making reasonable efforts to reapply for or appeal the denial of any application for such Other Income.
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Until approval or denial is made we will, at your option, make payments under either Method A or B below:

Method A: We will estimate the amount of Other Income you will receive and reduce your Monthly Benefit by this amount. If Other Income benefits are estimated, your Monthly Benefit will be adjusted when we receive Proof of the amount awarded or that benefits have been denied. If your application is denied, the amount estimated will be returned to you in a lump sum. During subsequent appeals Method B will be used.

Method B: Subject to your written agreement, we will pay your Monthly Benefit with no reduction for estimated Other Income until any Other Income payor reaches a decision. When a decision is reached, you must send us a copy of such decision and reimburse us in full for any overpayment we have made as a result of that decision, regardless of whether or not your coverage is still in force on the date you recover such amount. Additionally, if an award is made, we will reduce your Monthly Benefit by the amount of Other Income you receive, in accordance with the terms of the policy. If you choose this Method B and have not applied for other benefits to which you may be entitled, you must agree to apply for such benefits immediately. If you do not apply we will automatically use Method A. You are not required to apply for any early Retirement Plan benefits.

Monthly Benefit For Rehabilitation

If you are Partially Disabled, your employment will be considered Rehabilitative Employment and we will pay you the Monthly Benefit subject to the calculation indicated in the section below, "How the Monthly Benefit Will Be Determined". By Rehabilitative Employment we mean any occupation or employment for wage or profit for which you are reasonably fitted by training, education or experience and in which you engage during a Period of Disability. Earnings for Rehabilitation will be based on your gross earnings. Business expense deductions will not be considered unless agreed to by us.

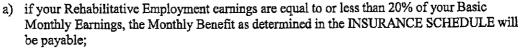
How the Monthly Benefit Will Be Determined

The Monthly Benefit will be determined as follows:

- A. If you were Totally Disabled through the Elimination Period, your Monthly Benefit will be payable as follows:
 - 1. During the first three months of Rehabilitative Employment, the Monthly Benefit will be reduced only by the amount of your Total Income Replacement that exceeds 100% of your Basic Monthly Earnings in effect prior to your current Period Of Disability.
 - 2. The Monthly Benefit otherwise payable will be the greater of:
 - a) the Monthly Benefit reduced by 50% of any earnings you receive from Rehabilitative Employment; or
 - b) the Monthly Benefit as calculated under the Proportional Benefit Formula.
 - Earnings from Rehabilitative Employment will be calculated based on the earnings you receive on the later of:
 - c) the date you have completed 3 months of Rehabilitative Employment; or
 - d) the date your Rehabilitative Employment earnings exceed 20% of your Basic Monthly Earnings.
 - 3. After the first twelve month period of Rehabilitative Employment, the monthly benefit payable will be the greater of:
 - a) the Monthly Benefit reduced by 50% of any earnings you receive from Rehabilitative Employment; or
 - b) the Monthly Benefit as calculated under the Proportional Benefit Formula.
- B. If you were Partially Disabled through the Elimination Period, the Monthly Benefit will be payable as follows:
 - 1. During the first twelve months of Rehabilitative Employment:

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- b) if, at any time, your Rehabilitative Employment earnings exceed 20% of your Basic Monthly Earnings, the Monthly Benefit payable will be the greater of:
 - the Monthly Benefit reduced by 50% of any earnings you receive from Rehabilitative Employment; or
 - ii) the Monthly Benefit as calculated under the Proportional Benefit Formula.
- 2. If your earnings continue to be equal to or less than 20% of your Basic Monthly Earnings after this twelve month period, the Monthly Benefit payable will be the greater of:
 - a) the Monthly Benefit reduced by 50% of any earnings you receive from Rehabilitative Employment; or
 - b) the Monthly Benefit as calculated under the Proportional Benefit Formula.

For the purposes of items A-2, A-3, B-1, and B-2 above, we will determine which benefit calculation provides you with the greater Monthly Benefit. Once this benefit calculation is determined, it will be applied for the entire duration of your period of Rehabilitative Employment.

If, at any time, your Total Income Replacement exceeds 100% of your Basic Monthly Earnings in effect prior to your current Period Of Disability, the Monthly Benefit will be reduced by the amount in excess of 100%.

Current Claim Determination

We will pay you the Monthly Benefit shown in the INSURANCE SCHEDULE for a Period Of Disability, subject to all of the terms of the policy, if you satisfy all of the following conditions:

- 1. You must send Proof to us that you have become Disabled;
- 2. You must be insured under the policy at the time your Disability commences;
- 3. You must be under the regular and Continuing Care of a Physician for the Sickness or Injury causing your Disability; and
- 4. You must have completed the Elimination Period shown in the INSURANCE SCHEDULE.

The evidence in your LTD file was considered. The information in this file included, but was not limited to, your group insurance coverage insurance application, your disability claim statements, the business and financial records made available to us, the statements of your Certified Public Accountant, and the statements of a Certified Public Accountant advisor. This information was considered in light of the Eligibility, Disability, and other current provisions of the Policy.

With respect to determining Active Full-time Employee status, the only business and financial documentation made available to us were Bella Boutique Accounts Payable Check copies signed by yourself suggesting you were performing this function. You, your husband/business Partner, or your Accountant have reported that:

- No individual attendance were kept
- No payroll records exist as you are not paid by Bella Boutique
- Your compensation from Bella Boutique was that household and personal expenses were paid out
 of the Bella Boutique Business account
- · No individual sales production records were kept
- No partnership agreement exists as Tennessee statute states husband and wife Partnerships are 50% in all aspects of business operation and income allocation

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- Historically 100% of income had been allocated to your husband Tom, prior to disability claim 50% of the income was allocated to yourself, and post disability 100% of income is being allocated to your husband Tom
- A Social Security Disability income was claimed in late 2011 and an eligibility denial was issued

With respect to determining Total Disability versus Partial Disability, the Bella Boutique Accounts Payable Check copies continued beyond the claimed May 11, 2010, Total Disability date, throughout the 90 Day Elimination Period, and up through recent submission suggesting that you continued to perform at least one of the material duties of your Regular or Any Occupation on a Full-time Basis or Part-time Basis. Based upon your claimed May 11, 2010, disability date, the Certified Public Accountant advisor determined a Basic Monthly Earnings of \$ 6,379.83 and corresponding Gross Monthly Benefit of \$3,827.90. The Certified Public Accountant advisor also determined your monthly earnings should be based on your 50% share of the net income of the business. The complete allocation of the post-disability income to your husband is not appropriate given the fact that you have continued to work for the business. Your share of the 2010 net income is \$88,193.50 and your share of the 2011 net income is \$130,720.00. Your average monthly earnings in 2010 was \$7,349.46 and in 2011 it was \$10,893.33. Both of these amounts exceed your Basic Monthly Earnings as calculated above. Accordingly, you would not have qualified as Partially Disabled in 2010 or 2011 and would not be eligible for benefits. While your accountant did not allocate your 50% partner share of business income, you were actively involved in the operation of the partnership and eligible for, or entitled to receive it.

The business and financial records neither support that you were an Active Full-time Employee eligible for group insurance prior to your claimed May 11, 2010, disability cease work, nor Partially Disabled earning as least 20% less as of your claimed May 11, 2010, disability date, throughout the 90 Day Elimination Period, and beyond.

Therefore, no LTD benefits would be payable.

Right to Appeal

If you disagree with any part of our decision, you may request in writing a review within 180 days after receiving this notice.

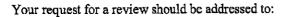
You may submit written comments, documents, records or other information relating to your claim for benefits, and may request free of charge copies of all documents, records, and other information relevant to your claim for benefits.

We will review your claim on receipt of the written request for review, and will notify you of our decision within a reasonable period of time but not later than 45 days after the request has been received. If an extension of time is required to process the claim, we will notify you in writing of the special circumstances requiring the extension and the date by which we expect to make a determination on review. The extension cannot exceed a period of 45 days from the end of the initial review period.

If a period of time is extended because we did not receive information necessary to decide your claim, the period for making the decision on review is tolled from the date we send notice of the extension to you until the date on which you respond to the request for additional information. You will have 45 days to provide the specified information.

You may have the right to bring a civil action under the Employee Retirement Income Security Act of 1974 (ERISA), §502(a) following an adverse determination on review.

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Sun Life and Health Insurance Company (U.S.) Appeals Unit 175 Addison Road PO Box 725 Windsor, CT 06095-0725

I hope this has been explained to your satisfaction. Should you have any questions regarding your appeal, please contact me at 1-800-451-2513 x-2704.

Sincerely,

Christopher Murphy, HIA, ALHC

Christopher Wurshy

LTD Claims - Sr. Consultant, Appeals and Resolutions

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162 AUBURN STREET AUBURN, MA 01501 TEL (508) 832-0030 FAX (508) 832-0031

DATE OF REVIEW:

September 10, 2013

INSURED:

Kimberly Buchanan

GROUP ACCOUNT NO.:

037-1526-00

DATE OF DISABILITY:

May 11, 2010

REVIEWED BY:

Jeffrey J. Bannon, CPA

Ms. Buchanan's 2009 through 2011 income tax returns indicate that the income from her and her husband's business, Bella Boutique, was reported on Schedule C of their joint tax return. IRS regulations permit a husband and wife to report the income from a partnership between them on separate Schedule C's. The income attributable to each would be reported on their respective Schedule C which would preclude the need for the filing of a partnership tax return.

The tax returns provided for Ms. Buchanan do not strictly adhere to the IRS regulations with respect to the filing of separate Schedule C's. The 2009 Schedule C was prepared as a joint Schedule C rather than 2 separate Schedule C's. The income was divided evenly when calculating the Self-EMployment tax (FICA/ Medicare). In 2010, a joint Schedule C was filed for part of the year and a separate Schedule C was filed solely for Ms. Buchanan's husband, Thomas Buchanan. In 2011, a Schedule C which attributed all of the income to her husband was filed.

The 2009 through 2011 Schedule C's are summarized on the attached schedule. As indicated, the joint net income of the business was \$153,116 in 2009, \$176,387 in 2010, and \$261,440 in 2011. A reasonable equivalent Basic Monthly Earnings definition for a joint Schedule C situation such as this would be to use the insured's 50% portion net income of the joint Schedule C for the calendar year immediately prior to her date of disability. Based on a date of disability of May 11, 2010 Ms. Buchanan's Basic Monthly Earnings would be based on her income from calendar year 2009. Her 50% of the 2009 net income is \$76,558. Using this income, her Basic Monthly Earnings and Maximum Monthly Benefit are calculated as follows:

Maximum Monthly Benefit	\$ 3,827.90
Benefit Percentage	 X 60%
Basic Monthly Earnings	\$ 6,379.83
Divided by 12 months	 ÷ 12
2009 Net income (50% share)	\$ 76,558.00

Ms. Buchanan has submitted copies of the business bank statements and canceled checks from June 2009 through June 2013. There were approximately 110 to 120 checks clearing the bank each month. While it is



Insured: Kimberly Buchanan September 10, 2013

Tage 2

not possible to determine her monthly Rehabilitative Earnings from the bank statements, the canceled checks do indicate that Ms. Buchanan has been continually involved in the operation of the business. This is clearly evidenced by the fact that the vast majority of the 110 to 120 monthly checks were signed by Ms. Buchanan. At a minimum, this reflects an ongoing financial/managerial participation in the business.

For Partial Disability purposes, Ms. Buchanan's monthly earnings should be based on her 50% share of the net income of the business. The complete allocation of the post-disability income to her husband is not appropriate given the fact that she has continued to work for the business. Her share of the 2010 net income is \$88,193.50 and her share of the 2011 net income is \$130,720.00. Her average monthly earnings in 2010 was \$7,349.46 and in 2011 it was \$10,893.33. Both of these amounts exceed Ms. Buchanan's Basic Monthly Earnings as calculated above. Accordingly, she would not have qualified as Partially Disabled in 2010 or 2011 and would not be eligible for benefits.

If her date of disability was changed to 1/1/12 due to her earnings in 2010 and 2011, Ms. Buchanan's Basic Monthly Earnings would be her average monthly earnings of \$10,893.33 in 2011. Her Maximum Monthly Benefit would be the policy maximum of \$6,000.00.

Kimberly Buchanan / Bella Boutique Summary of Income as Reported on Schedule C of Form 1040 2009 Through 2011

	i	2009			2010			2011	
	Joint - Kimberly & Thomas Buchanan	Thomas Buchanan	Total	Joint - Kimberly & Thomas Buchanan	Thomas Buchanan	Total	Joint - Kimberly & Thomas Buchanan	Thomas Buchanan	Tota
Gross Revenues	\$ 930,512	-	\$ 930,512	\$ 618,057	\$ 199,781	\$ 817,838	- ∨	\$ 1,020,190	\$ 1,020 190
Cost of Goods Sold	391,538	r	391,538	212,156	69,106	281,262	-	372,656	372.656
Gross Profit	538,974	1	538,974	405,901	130,675	536,576	,	647,534	647 534
Expenses									
Advertising	55,479	•	55,479	20,739	6,755	27,494		24,035	24 035
Contract labor	7,042	•	7,042	9,568	2,116	11,684	•	11,8/2	7/8
Depreciation	11,024	•	11,024	1 6	8,728	8,728	ı	3,209	3 209
Institute	4,822 30 305	• 1	4,822 30 305	3,612	1,176	22,788		21.242	21 242
Legal and professional	5,612		5,612	6,062	1,974	8,036	•	6,617	6 617
Rent	137,690	ı	137,690	90,214	45,107	135,321	r	124,343	124 343
Repairs and maintenance	7,285	1	7,285	2,662	1,844	7,506	1	15,213	15 213
Supplies	6,011	1	6,011	3,088	1,006	4,094	,	7,857	7 857
Taxes and licenses	6,501	i	6,501	3,150	1,026	4,176	Ī	5,098	5 098
Meals and entertaiment	993	τ	993	901	294	1,195	ı	1,387	1 387
Utilities	12,789	ı	12,789	9,267	3,018	12,285	ı	13,527	13 527
Wages	49,527	1	49,527	36,976	12,044	49,020	1	64,851	64 851
Other	50,778	,	50,778	46,101	17,084	63,185	'	81,368	81 368
Total Expenses	385,858	1	385,858	252,445	107,744	360,189	1	386,094	386 094
Net Income	\$ 153,116	\$	153,116	\$ 153,456	\$ 22,931	176,387	; (A)	\$ 261,440	261,440

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From: (860) 737-2704 Christopher Murphy Sun Life Financial 175 Addison Road

Windsor, CT 08095

SHIP TO: (865) 675

Kim Buchanan

Origin ID; EHTA



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BILL SENDER

PO# Dept #

0201

Ship Date: 28AUG13 ActWgt: 1.0 LB CAD: 3525060/INET3430

Delivery Address Bar Code

Ref# invoice #

KNOXVILLE, TN 37934

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37934 TN-US TYS



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- 1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
- 2. Fold the printed page along the horizontal line.
- 3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number. Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com.FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, nondelivery,misdelivery,or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



Sun Life and Health Insurance Company (U.S.) * 175 Addison Road P.O. Box 725 Windsor, CT 06095-0725

August 28, 2013

Kim Buchanan

Via Federal Express

Knoxville, TN. 37934

RE: Group Long Term Disability ("LTD") Account No.: 037-1526-00

Policyholder: Bella Boutique Claimant: Kim Buchanan

Dear Ms. Buchanan:

This correspondence concerns the status of our review.

Your CPA, Rusty Foust has stated that:

- While Bella Boutique is a Partnership business entity, Partnership Federal Income Tax Returns were not filed and that he will discuss that issue with our consulting CPA
- He did not maintain detailed Monthly Business Income/ Expense Financial Statements for the period 01/01/2009 to present

The following claim documentation has been received since your claim appeal request:

- Copy of your 2009 Federal Income Tax Return
- Copy of your 2012 Automatic Extension

The following requested claim documentation remains outstanding:

• Complete copy of the Partnership Agreement in place as of the December 1, 2004, coverage effective date, as well as complete copies of any updated Partnership Agreement since that time

Please respond by either providing each of the outstanding claim documentation items or providing us a written response regarding the status of your submission of each of the outstanding claim documentation items.

The additional business and financial documentation which you have submitted has been referred to a consulting Certified Public Accountant for initial review and teleconference with your CPA, Rusty Foust.

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www.sunlife-usa.com

Apparent Claim Issues to be addressed:

- Whether or not you were an Active Full-time Employee being paid for such work in accordance with applicable Wage and Hour Laws;
- Whether or not you submitted Satisfactory Proof of Loss to support your Basic Monthly Earnings as defined;
- Whether or not your Sickness or Injury was the material and substantial factor in causing the
 earnings loss. A Sickness or Injury would not have a Demonstrated Relationship to a Disability
 if the earnings loss was produced primarily by causes which are not related to a Sickness or
 Injury;
- Whether or not you meet the definition of Total Disability or Partial Disability through the Elimination Period and beyond; and
- Whether or not you submitted Satisfactory Proof of Rehabilitative Employment earnings.

Should you have any questions regarding the above, I can be reached at 1-800-451-2513 x-2704. Our fax number is (781) 304-5425.

Sincerely,

Christopher Murphy, HIA, ALHC

LTD Claims – Sr. Consultant, Appeals and Resolutions

^{*} Formerly known as Genworth Life and Health Insurance Company
Sun Life and Health Insurance Company (U.S.) is a member of the Sun Life Financial group of companies
www.sunlife-usa.com

From: (860) 737-2704 Christopher Murphy Sun Life Financial 175 Addison Road

Windsor, CT 06095

Origin ID: EHTA





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BILL SENDER

Ref#

Ship Date: 28AUG13

CAD: 3525060/INET3430

ActWgt: 1.0 LB

Invoice # PO# Dept#

Jeff Bannon, CPA

162 Auburn Street

AUBURN, MA 01501

Delivery Address Bar Code

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13

№ 08/26/26

Capital Financial Group, LLC 8320 E. Walker Springs Lane, Suite 100

Knoxville, TN 37923 Tel: **865-246-2955** FAX **865-246-1755**



facsimile transmittal

Agent:	J. Todd Williams toddwilliams@fin	ancialguide.com	
To:	Christopher Murphy	Fax No:	781-304-5425
From:	J. Todd Williams	Date:	8/26/2013
Re:	Tom & Kim Buchanan	Pages:	27
***************************************	2009 Income Tax Returns		
<u> </u>			
American State of the State of	Thank you	······································	
	Mitzi Ward		
		والمراواة المراواة والمراواة	
who was pilitural management of the works		e-a-ganggottiri sekerrikananya e-feorgigi kubupuli erre a	



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104	0	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return 2	009	RS Use Only-I	Do not write o	r staple in this space.
Label	L	For the year Jan. 1-Dec. 31, 2009, or other tax year beginning	, 2009, er	rding , 20		DMB No. 1545-0074
	Ä	Your first name and initial Last name			Your socia	al security number
(See instructions	В	THOMAS J. BUCHANAN				-8151
on page 14.)	E	If a joint return, spouse's first name and initial Last name				social security number
Use the IRS	1 *	KIMBERLY D. BUCHANAN			The second second	9200
iabel. Otherwise	H	Home address (number and street), If you have a P.O. box, see page	14.	Apt. no.		You must enter ur SSN(s) above.
please print	E				And yo	ur San(s) above.
or type.	E	City, town or post office, state, and ZIP code. If you have a foreign ad		14.		g a box below will not
Presidential	ᆞᄂᠸ	KNOXVILLE TN 3792			1	your tax or refund.
Election Campa			go to this lund i	see page 14) 🕨		You Spouse
Eilina Cłośca	1 3 2	Single 4	qualifying pe	isehold (with qualifying p irson is a child but not y	our dependen	it, enter this
Filing Status	3 2 2			idow(er) with dependent	abital face pa	IRA 96\
Check only ane	٦ ٦	and full name here.	[] (Spainking A	udnw(et) with debelicen	Gilliu (866 pe	iga (O)
box.	6a	X Yourself. If someone can claim you as a dependent, do	not check boy	Ra	,	Boxes checked 2
Exemptions	b	X Spouse	flot dieak tox			on 62 and 65 ———————————————————————————————————
	c	Dependents:	<u></u>		(4)	ું on 6c who:
	•	,	(3) Depende	nts qual terd	child • lived with your 1	
		(1) First name Last name soc	dal security numb	er relationship	oyou baxe page	id did not live with (see you due to divorce
If more than four	•	TREVOR MASSEY	-23	44 SON		or separation (see page 18)
dependents, see page 17 and						Dependents on 6c
check here	1					not entered above
*100x 1210 F	'					Add numbers on
***************************************	디	Total number of exemptions claimed		*********		lines above 3
1	7	Wages, salaries, tips, etc. Attach Form(s) W-2			7	
income	Ba	Taxable Interest. Attach Schedule B if required			8a	
Attach Form(s)	b	Tax-exempt interest. Do not include on line 8a				
W-2 here, Also attach Forms	9a	Ordinary dividends, Attach Schedule B If required	96		9a	
W-2G and	b	Qualified dividends (see page 22)				
1099-R if tax	(0	Taxable refunds, credits, or offsets of state and local income				
was withheld.	11 12	Alimony received Business income or (loss), Attach Schedule C or C-EZ	• • • • • • • • • • • • • • • • • • • •	***************	11	152,280
if you did not	13	Cepital gain or (bas). Attach Schedule D in required, the check here			13	152,280
get a W-2, see page 22.	14	Other gains or (losses). Attach Form 4797			14	
doo page at.	15a	IRA distributions 15a	h Taval	ble amount (see page		
	16a	Pensions and annuities 16a	b Taxa	ble amount (see page		
Enclose, but do	17	Rental real estate, royalties, partnerships, S corporations, tre	usts etc. Attacl	n Schedule E	17	-6,614
not attach, any	18	Farm income or (loss). Attach Schedule F			18	7/3=5,
payment, Also, please use	19	Unemployment compensation in excess of \$2,400 per recipient (see page 27)			19	
Form 1040-V.	20a	Social security benefits 20a	b laxal	ble amount (see page	2/) [20b	
	21	Other income. List type and amount (see page 29) SEE ST	TATEMENT	1	21	-40,161
	22	Add the amounts in the far right column for lines 7 through 2	1. This is your		▶ 22	105,505
	23	Educator expenses (see page 29)	23	Water Street		
Adjusted	24	Certain business expenses of reservists, performing artists,	and			
Gross		fee-basis government officials. Attach Form 2106 or 2108-E	Z 24	*****		
Income	25	Health savings account deduction. Attach Form 8889				
	26	Moving expenses. Attach Form 3903	26			
	27 28	One-half of self-employment tax. Attach Schedula SE	27	10,7	(22)	
	29	Self-employed SEP, SIMPLE, and qualified plans Self-employed health insurance deduction (see page 30)	28	16,4	20	
	30	Penalty on early withdrawal of savings	30	40/5	41	
	31a	h Danis and a second of the contract of the co	1 1			
	32	IRA deduction (see page 31)				
	33	Student loan interest deduction (see page 34)	33	4	130	
	34	Tuition and fees deduction, Attach Form 8917	34			
	35	Domestic production activities deduction. Attach Form 8903	35	·		
	36	Add lines 23 through 31a and 32 through 35			36	27,613
	37	Suptract line 35 from line 22. This is your adjusted gross in	come	**************************************	▶ 37	77,892
For Disclosure, F	rivacy	Act, and Paperwork Reduction Act Notice, see page 97.			· · · · · · · · · · · · · · · · · · ·	Form 1040 (2009)

Form 1040 (200	o) THO	MAS J. & KIMBERLY D. BUCHANAN		8151 Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	38	77,892
Credits	39a			
Standard	d	If your spokes itemizes on a separate return or you were a dual-status allen, see page 35 and check here		
Deduction	40a	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40a	58,968
for	yy a b		- sva	30,300
• People who		If you are increasing your standard deduction by certain real estate taxes, new motor	:	
check any		vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35) 40b		. 30.004
box on line 39a, 39b, or	41	Subtract line 40a from line 38	41	: 18,924
40b or who	42	Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern		
can be		displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see page 37	42	10,950
claimed as a dependent.	43	Taxable Incomes Subtract line 42 from fine 41. If line 42 is more than line 41, enter 45	43	7,974
see page 35.	44	Tax (see page 37). Check if any tax is from: 8 Term(s) 8814 b Form 4972	44	798
All others:	45	Alternative minimum tax (see page 40). Attach Form 6251	45	
Single or	46	Add lines 44 and 45	46	798
Married filing separately,	47	Foreign tax credit. Attach Form 1116 if required 47	 -	
\$5,700	í		1	
Married filing	48	Credit for child and dependent care expenses. Attach Form 2441 48		
jointly or	49	Education credits from Form 8863, line 29		
Qualifying widow(er),	50	Retirement savings contributions credit. Attach Form 8880 50		
\$11,400	51	Child tax credit (see page 42)	1	
Head of	52	Credits from Form: a 8396 b 8839 c 5685 52	1.1	
household,	53	Other credits from Form: a 3800 b 8801 c 53		
\$8,350	54	Add lines 47 through 53. These are your total credits	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	798
	56	Self-employment tax. Attach Schedule SE		21,516
Other	57	Unreported social security and Medicare tax from Form: a 4137 b 8919	56	21,310
Taxes	-		_57_	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 If required	58	
	59	Additional texes: a ABIC payments b Household employment texes. Attach Schedule H	59	
	60	Add lines 55 through 59. This is your total tax	60	22,314
	61	Federal income tax withheld from Forms W-2 and 1099 61	1	
Payments	62	2009 estimated tax payments and amount applied from 2008 return 62 20,000		
	63	Making work pay and government retiree credits. Attach Schedule M 63 800		
If you have a	64a	Farmari kronna gradić (EIC)		
qualifying	d.	Nontaxable combat pay election 64b		*
child, attach Schedule EIC.	65			
Scriedule Elo.		Additional child tax credit. Attach Form 8812 65 85 Refundable education credit from Form 8863, line 16 66		
	66	1 4 4 1		
	67	First-filme homebuyer credit. Attach Form 5405 67		
	68	Amount paid with request for extension to file (see page 72) 68 20,000		
	69	Excess social security and fier 1 RRTA tax withheld (see page 72) 69		
	70	Credits from Form: a 2439 b 4136 c 8801 d 8686 70		
	71	Add lines 61, 62, 63, 64a, & 65 through 7D. These are your total payments	71	40,800
Refund	72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid	72	18,486
Direct deposit?	73a	Amount of line 72 you want refunded to you, if Form 3888 is attached, check here	73a	
See page 73	≽ b	Routing number		
and fill in 735, 73c. and 73d.	l≽ d	Account number		
or Form 8888.	74	the state of the s		
		Amount of line 72 you want applied to your 2010 estimated tax ▶ 74 18,486		
Amount	75	Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74	75	
You Owe	76	Estimated tax penalty (see page 74)		· · · · · · · · · · · · · · · · · · ·
Third Party	Do you	want to allow another person to discuss this return with the IRS (see page 75)? X Yes. Complete	e the f	ollowing. No
Designee	Designes	Personal identification number (PIN)	8	0574
		► JACKIE L. SIMPSON Phone no. ►	86	5-690-7010
Sign	Under pe	nalities of perjury, I declare that I have examined this return and accompanying schedulas and statements, and to the b true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer i	est of r	ny knowledge and belief, knowledge.
Here	Your sign	rature Date Your occupation		Daytime phone number
Joint return? See page 15.		SELF EMPLOYED	1	
Keen a conv	Spouse's	signature. If a joint return, both must sign. Date Spouse's occupation		<u> </u>
for your records.	, -	SELF EMPLOYED		
	Preparer's	Date	-	Preparer's SSN or PTIN
Paid	signature	Check if self-employed]	P00080574
Preparer's	Firm's na		r	62-1719416
Use Only			EIN	
		and 7IR and a	Phone	-690-7010
DAA	·····	21% 31343	000	Form 1040 moor

SCHEDULE A (Form 1040)			Itemized Deducti	ions			OMB No. 1545-0074 2009
Department of the Tri Internal Revenue So	reasu rvice	ry (99)	Attach to Form 1040.	ons for	Schedule A (Form 1040).	Attachment Sequence No. 07
Name(a) shown on F	omi ,	1040			Your		urity number
THOMAS L	ŗ,		KIMBERLY D. BUCHANAN	7		jt. }	3151
Medical	_		tion. Do not include expenses reimbursed or paid by others.		~ 7140		
and	1		fical and dental expenses (see page A-1)	1	6,740		
Dental	2		r amount from Form 1040, line 38 2 77,892	4 .	F 040		
Expenses	3 4		tiply line 2 by 7.5% (.075) tract line 3 from line 1, If line 3 is more than line 1, enter -0-	3	5,842		898
Taxes You				1	<u></u>		
Paid	•	a a	a and local (chack only one box): Income taxes, or	5	1,576		
		b	X General sales taxes			- 1	
(Sea page A-2.)	E		I estate taxes (see page A-5)	6	4,206		
page 7-2./	7	Nev bac	motor vehicle taxes from line 11 of the worksheet on k. Skip this line if you checked box 5b	7			
	8	Oth	er taxes. List type and amount	, ,			
				8		! !	
	-		lines 5 through 8			9	5,782
Interest			ne mortgage interest and points reported to you on Form 1098	10	44,150		
You Paid	11		e mortgage interest not reported to you on Form 1098. If paid to the				
(See page A-6.)			on from whom you bought the home, see page A-7 and show that				
page /ev./		pera	on's name, Identifying no., and address				
		٠	***************************************				
No.		8.00	**************************************	1 1			
Note. Personal interest is	12	Poir	its not reported to you on Form 1098. See page A-7 for dal rules	11			
not	13	Qu∌	iffied mortgage insurance premiums (see page A-7)	13		1 1	
deductible.		Inve	stment interest. Attach Form 4952 if required. (See e A-8.)	14	***************************************		
	15	Add	Enes 10 through 14		· · · · · · · · · · · · · · · · · · ·	15	44,150
Gifts to			by cash or check. If you made any gift of \$250 or	T			131,130
Charity			e, see page A-8	16	2,874		
If you made a	17		er than by cash or check, If any gift of \$250 or more, see	1			
gift and got a		pag	e A-8. You must attach Form 8283 if over \$500	17			
benefit for it,	18		yover from prior year	18	5,264	1	
see page A-8.	19	Add	lines 16 through 18			19	8,138
Casualty and							
Theft Losses	20		ualty or theft loss(es). Attach Form 4684, (See page A-10.)	*****		20	· · · · · · · · · · · · · · · · · · ·
Job Expenses and Certain	21	Unn	embursed employee expenses—job travel, union dues, job cation, etc. Attach Form 2106 or 2106-EZ if required, (See				
Miscellaneous			A-10.) ▶	, ,	1		•
Deductions			(1444144)	21			
	22	Tax	preparation fees	22		1	
(See	23	Oth	er expenses-Investment, safe deposit box, etc. List type		•		
page A-10.)		and	amount >				
		1	***************************************	23		. !	
	24		lines 21 through 23	24			
			amount from Form 1040, line 38 25] ::!		1 1	
			ipfy line 25 by 2% (.02)	26			
A4			tract line 26 from line 24. If line 26 is more than line 24, enter -0	- 		27	
Other Miscellaneous Deductions	28		rr—from list on page A-11. List type and amount ▶			28	
Total	29	*****	orm 1040, line 38, over \$166,800 (over \$83,400 if married filing	\$eberet	halv12		
Itemized			No. Your deduction is not limited. Add the amounts in the far :				
Deductions			lines 4 through 28. Also, enter this amount on Form 1040,			29	58,968
		Π.	Yes. Your deduction may be limited. See page A-11 for the am		i		
	30	-	u elect to itemize deductions even though they are less than yo				
			sction, check here	-, o.c.	▶ □		
For Paperwork Re	duc		ct Notice, see Form 1040 instructions.			Sched	ule A (Form 1040) 2009

SCHEDULE C **Profit or Loss From Business** OMB No. 1545-0074 (Form 1040) (Sole Proprietorship) Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B. Department of the Treasury Internal Revenue Service (99) Attachment Sequence No. 09 Attach to Form 1040, 1040NR, or 1041. See instructions for Schedule C (Form 1040). Social security number (SSN) Name of proprietor & KIMBERLY D. BUCHANAN 8151 Principal business or profession, including product or service (see page C-2 of the instructions Enter code from pages C-9, 10, & 11 RETAIL - CLOTHING & ACCESSORIES ▶ 448190 Business name. If no separate business name, leave blank. Employer ID number (EIN), if any BELLA BOUTIQUE 62-1723905 Business eddress (including suite or room no.) ► 6484 KINGSTON PIKE City, town or post office, state, and ZIP code KNOXVILLE Other (specify) F Accounting method: (1) X Cash (2) Accrual (3) Did you "materially participate" in the operation of this business during 2009? If "No," see page C-3 for limit on losses If you started or acquired this business during 2009, check here ... Part I Income Gross receipts or sales. Caution, See page C-4 and check the box if: . This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or You are a member of a qualified joint venture reporting only rental real estate 935,162 income not subject to self-employment tax. Also see page C-3 for limit on losses. Returns and allowances 4,650 Subtract line 2 from line 1 930,512 391,538 Cost of goods sold (from line 42 on page 2) Gross profit. Subtract line 4 from line 3 538.974 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-4) Gross Income. Add lines 5 and 6 538,974 Part If Expenses. Enter expenses for business use of your home only on line 30, Advertising ₿ 55,479 18 Office expense 18 Pension and profit-sharing plans Car and truck expenses (see 19 page C-4) 9 20 Rent or lease (see page C-6): Commissions and fees 10 8 Vehicles, machinery, and equipment 20a 618 Contract labor (see page C-4) ... Other business property 11 11 7.042137.690 205 Depletion Repairs and maintenance 12 7,285 21 Supplies (not included in Part III) Decreciation and section 179 22 22 6,011 expense deduction (not Taxes and Ilcenses 23 23 6,501 included in Part III) (see page 24 Travel, meals, and entertainment: C-5) 11,024 Travel 545 13 Employee benefit programs 14 Deductible meals and (other than on line 19) entertainment (see page C-6) 993 24h Insurance (other than health) 15 Utilities 15 4,822 12,789 25 25 Wages (less employment credits) 16 Interest 26 49,527 Mortgage (paid to banks, etc.) a 16a Other expenses (from line 48 on h Other 30,305 166 page 2) 49,615 17 Legal and professional 5.612 28 Total expenses before expenses for business use of home. Add lines 8 through 27 385,858

• if you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7). Estates and trusts, enter on Form 1041, tine 3.

If you have a loss, check the box that describes your investment in this activity (see page C-7).

• If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (If you checked the box on line 1, see page C-7). Estates and trusts, enter on Form 1041, line 3.

Tentative profit or (icss). Subtract line 28 from line 7

Expenses for business use of your home. Attach Form 8829

• If you checked 32b, you must ettach Form 6198. Your loss may be limited.

32a All investment is at risk, 32b Some investment is not at risk.

29

30

For Paperwork Reduction Act Notice, see page C-9 of the instructions.

Net profit or (loss). Subtract line 30 from line 29.

If a loss, you must go to line 32.

Schedule C (Form 1040) 2009

153,116

153,116

Sct	THOMAS J. & KIMBERLY D. BUCHANAN Redule C (Form 1949) 2009 RETAIL - CLOTHING & ACCESSORIES Part III Cost of Goods Sold (see page C-8)	819	51	Pa	ge 2
33	Method(s) used to value closing inventory: a X Cost b Lower of cost or market c Other (attach explanate)	on)			
34	* Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		Yes	X	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	· · · · · · · · · · · · · · · · · · ·	65,1	<u>69</u>
36	Purchases less cost of items withdrawn for personal use	36		99,1	24
37	Cost of labor. Do not include any amounts paid to yourself	37			·
38	Materials and supplies	38			
39	Other costs	39			
40	Add lines 35 through 39	40	4	64,2	93
41	Inventory at end of year	41		72,7	<u>55</u>
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42		91,5	38
P	art IV Information on Your Vehicle. Complete this part only if you are claiming car or truction and are not required to file Form 4562 for this business. See the instructions for line out if you must file Form 4562.	к ехреп			ì
43 44 8	When did you place your vehicle in service for business purposes? (month, day, year) ▶ Of the total number of miles you drove your vehicle during 2009, enter the number of miles you used your vehicle for: Business	*******	, ,		
45	Was your vehicle available for personal use during off-duty hours?		Yes		No
46 47a	Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction?		Yes Yes	;- (No No
<u>. b</u>	If "Yes," is the evidence written?	لعدييين	Yes	\Box	No_
_	art V Other Expenses. List below business expenses not included on lines 8-26 or line 30 ELEPHONE			6,7	55
D	UES & SUBSCRIPTIONS			4,7	
٢	OSTAGE & FREIGHT	- 1		2,9	91
₽	Ann Charges			<u> 25,9</u>	
₽	ECORITY			3,7	
	UTO EXPENSES	-		$\frac{4}{7}$	
Įv,	HI SUBLIHANEOUS	, }		- 6	80
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		····· }-		10-	
• • • •	***************************************	···· [-			
	***************************************	1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		·····			
		···· [-	······································		
	0				
₹B	Total other expenses, Enter here and on page 1, line 27	48	Je C /Forr	49,6	

	HEDULE C		-		From Business 3		Ė	OMB No. 1545-0074
(Fo	rm 1040)				prietorship)			2009
Depa	rtment of the Treasury at Revenue Service (99)				enerally must file Form 1965 or 10			Attachment Sequence No. 09
		Attach to	Form 1040, 1040NR, or 10	11,	See Instructions for Schedule C			
	e of proprietor	የደታ እና አን አን አን ተ						y number (SSN)
	HOMAS J. BUC			0	No. of the American			
A	INTERNET AD		product or service (see pa	ge C-	S Of the Identifications			from pages C-9, 10, & 11 3 1 2 0
c	Business name. If no s			·····				ID number (EIN), if any
-	VISION MARK							503165_
E			no.)▶ 6484 KI	NGS	TON PIKE		<u> </u>	
			de KNOXVIL		TN_3791	9		
F	Accounting method:	(1) X Car	b (2) Acrost	/21	Other (enecify)			
G	Did you "materially part	icipate" in the oper	allon of this business during	2009	i? It "No," see page C-3 for limit on I	osses		X Yes No
H	If you started or acquire	ed this business du	ring 2009, check here					,
Pá	nt I Income							
1	Gross receipts or sales	Caution. See pag	je C-4 and check the box if					
			rm W-2 and the "Statutory of	employ	/ee" box ¬			
	on that form was check	•						
			enture reporting only rental		1	ш	1	
_	-		. Also see page C-3 for tim	it on l	osses.		1.1	
2	Returns and allowances				*********		2	
3	Subtract line 2 from line		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				3 4	
4 5	Grand profit Subtract i	m ime 42 on page . Not 4 from No. 2	4)		**********************		5	0
6	Other income including for	inte 4 non inte a ara and state excelle	a or fuel tay credit or returni lea		· C-4)		6	<u>V</u>
7	Grass income Add line	as 5 and 6	e o) luci lax cleatit of fertilit fae	a haha	()-1)		7	0
	rt II Expenses.	Enter expens	es for husiness use r	of wor	ur home only on line 30.	, 1	1 1	<u>~~</u>
8	Advertising	B B	C3 101 D031 1033 133 C	<u>18</u>	Office expense	-	18	
9	Car and truck expenses	s (see		19	Pension and profit-sharing plans		19	
_	page C-4)			20	Rent or lease (see page C-6):		1	***************************************
10	Commissions and fees	10		2	Vehicles, machinery, and equipme	ent	20a	
11	Contract labor (see pag			ь	Other business property		205	
12	Depletion	12		21	Repairs and maintenance		21	
13	Depreciation and section	n 179		22	Supplies (not included in Part III)		22	
	expense deduction (not	i	1	23	Taxes and licenses		23	670
	included in Part III) (see		i	24	Travel, meals, and entertainment:		1	
	C-5}	13	166	а	Travel	.,,,,	24a	·
14	Employee benefit progr	rams		b	Deductible meals and			I
	(other than on line 19)	14			entertainment (see page C-6)		24b	
15	Insurance (other than h	ealth) 15	<u> </u>	25	Utilities		25	
16	Interest	. 1		26	Wages (less employment credits)		26	
a	Mortgage (paid to banks			27	Other expenses (from line 48 on			
b	Other	<u>165</u>			page 2)	*****	27	
17	Legal and professional							
20	Services		And the second second	. 0 45	manyi in a salah bada pada manasa mendan	b.		026
28 29	Tentative profit or (loss)		ress use of home. Add lines				28	836
30							29	-836
31	Net profit or (loss). Sul	htract line 30 from	Macor roims done				30	
Ψ.			a 12, and Schedule SE, line	s 2 cm	on Form 1040NR line		1 1	
			page C-7). Estates and trus			Ļ	31	-836
	• If a loss, you must go		r js					
32			cribes your investment in th	is acti	vity (see page C-7).		•	
			in Form 1040, line 12, and			-		
			box on line 1, see the line				32a	X All investment is at risk
	Estates and trusts, ente					†	32b	Some investment is no
	 If you checked 32b, yo 	ou must attach Fo	rm 6198. Your loss may be	limite	d	السا		at risk.
Ear C			a C.O of the implementations		······································	***************************************		d. 74 C (Exem 4040) 2000

Sch	edule E (F	orm 1040) 2009				Attachn	ient Sequer	nce No. 13	3	Page 2
		on return. Do not enter name and s	ocial security number if show	n on other side.				ial security	•	
	ማ የረጉ አልኩ ርዕ	T ል የድሚያለው የሚያውን የተ	≠≒ T\r'sp**YS a a f 'n 'a r					015	า	
		J. & KIMBERLY RS compares amounts report		amounts chown or	Schodule/e	. V.4	<u> </u>	-815	4	
	art II	Income or Loss From					from an at-	risk activity	for which	
		any amount is not at risk, yo	ou must check the box in	column (e) on line 2	28 and attach	Form 6198. S	ee page E-1	l		
27	unallowed	porting any loss not allowed in loss from a passive activity (if	that loss was not reporte	d on Form 8582), o	r unreimburs			Yes X	No	
	partnership	expenses? If you answered	"Yes," see page E-7 befo	re completing this s	ection, (b) Enter P	tor (c) Check if	(d) En	antower.	(e) Ch	ark if
28			(a) Name		partnership for S corpor	S foreign	identifi		any am	ecunt is
A	YAZ	CO			P		20-53	345584		
<u>B</u> _			STATE		P			345584		
<u>c</u>	YAZ		STATE		P			345584 345584		
D	<u> </u>	Passive Income and			~ · · · · · · · · · · · · · · · · · · ·	onpassive inco	**************************************		ll	
		Passive loss allowed Form 8592 if required)	(g) Passive income from Schedule K-1	(h) Nonpas from S cher	give loss		179 expense	(n)	Yonpassive m Schedu	
A		0								
В		0			3,307					
<u>c</u>	ļ	<u>O</u>			5 5 5 5					····
<u>D</u> 29a	Totals	7			3,307					·
n Pa			25 3 34 5 5 5 5 5 5	N	6,614				1,5,1,1,3	
30	Add colu	mns (g) and (j) of line 29a					[3	30		0
31	Add colu	mns (1), (h), and (i) of line 29b)			* * * * * * * * * * * * * * * * * * * *	<u>L</u> i	31 🕴	- 6	,614
32	Total pa	rtnership and S conperation	income or (loss). Combi	ne lines 30 and 31.	Enter the		i	.	,	5,614
P	art III	ere and include in the total on Income or Loss From) dan kasalah dan		<u> </u>		32		3.01#
33		•	(a) Name	55	······································				Employer ation numi	Der
A										
B		· · · · · · · · · · · · · · · · · · ·								
	(a) Cassi	Passive lincome	I		/-l #		e Income a		er Income	· · · · · · · · · · · · · · · · · · ·
		ve deduction or loss allowed Form 8582 if required)	(d) Passive inc from Schedule			eduction or loss Schedule K-1			hedule K	
<u>A</u>							<u> </u> _	. _		
<u>B</u> 34a	Totals				,					
ora b						······		125 C 1 1 1		
35	Add colu	mns (d) and (f) of line 34a						35		
36		mns (c) and (e) of line 34b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				🗀	38		
37		ate and trust income or (los the total on line 41 below	s). Combine lines 35 and	36. Enter the result	t here and		1			
P	art IV	Income or Loss From	Real Estate Morto	iane investmen	t Conduit	s (RFMICs)	NAME OF TAXABLE PARTY.	37 al Hoide	r	-
38		(a) Name	(b) Employer Identification number	(c) Excess Inclusion Schedules Q, lin (see page E-6	n from (d)	Taxable income om Schedules Q	(net loss)	(e) in	come from	
39		columns (d) and (e) only. Ent	er the result here and inc	iude in the total on	line 41 belov	y		39		
	art V	Summary	Town ARRE Also results	. r . m b.(
48 41		rental income or (toss) from F ome or (toss). Combine lines 26, :			140. line 17 or	Form 1040NR IIIn		40 <u> </u>	- {	5,614
42		lation of farming and fishing			170, 1810 11, 01	Tomit To Torter q Iss		F1	· · · · · · · · · · · · · · · · · · ·	· / · - ·
	farming a	nd fishing income reported or	Form 4835, line 7: Sche	edule					٠,.	100
		n 1065), box 14, code B; Scha and Schedule K-1 (Form 1041			42					
43	Reconcil	lation for real estate profess	sionals. If you were a rea	l estate	. **.				,	• • •.
	profession	nal (see page E-2), enter the on Form 1040 or Form 1040	net income or (loss) you	reported						
	in Which	you materially participated unit	der the passive activity to	ss rules	. 43				·	
ממת									/F	0401 0000

26/2013 16:05

SCHEDULE SE (Form 1040)	Self-Emp	oloyment Tax		OMB No. 1545-0074 2009
Department of the Treasury Internal Revenue Service (99)	Attach to Form 1040. See	Instructions for Schedule SE (Form :	1040).	Attachment Sequence No. 17
Name of person with self-en THOMAS J.	nployment income (as shown on Form 1040) BUCHANAN	Social security number of person with self-employment income	8	151

Who Must File Schedule SE

You must file Schedule SE if:

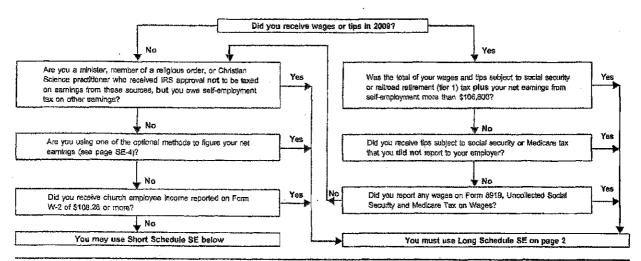
- You had not earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee Income of \$108.28 or more, Income from services you performed as a minister or a member of a religious order is not church employee income (see page SE-1).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-4).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 56.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.



Section A-Short Schedule SE, Caution. Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form]		
	1065), box 14, code A	1a	<u> </u>	
ħ	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve			
	Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	k .)
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065),			
	box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1.			
	Ministers and members of religious orders, see page SE-1 for types of income to report on this		-	
	line. See page SE-3 for other income to report	2	75,	722
3	Combine lines 1a, 1b, and 2	3	75,	
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do	Γ		
	not file this schedule; you do not owe self-employment tax	4	69,9	929
5	Self-employment tax. If the amount on line 4 is:			
	 \$106,300 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56. 	Ĺ		
	 More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. 	[į	
	Enter the total here and on Form 1049, fine 56.	5	10,0	599
6	Deduction for one-half of self-employment tax, Multiply line 5		······································	<u></u>
	by 50% (.50). Enter the result here and on Form 1040, line 27 6 5 , 350			

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2009

DAA

SCHEDULE SE
(Form 1040)

Department of the Treasury Internet Revenue Service (99)

Name of person with self-employment income (as shown on Form 1040)

KIMBERLY D. BUCHANAN

Self-Employment Tax

Attach to Form 1040. See Instructions for Schedule SE (Form 1040).

Social security number of person with self-employment income > 9200

Who Must File Schedule SE

You must file Schedule SE if:

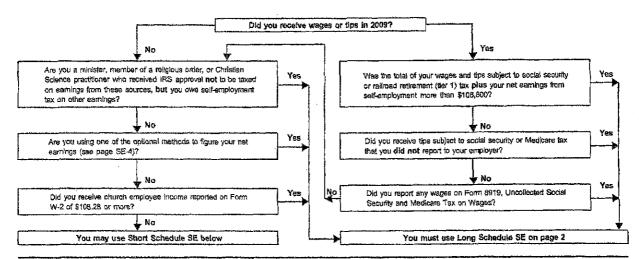
- You had not earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more, income from services you performed as a minister or a member of a religious order is not church employee income (see page SE-1).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-4).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt—Form 4361" on Form 1040, line 56.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE, if unsure, see Who Must File Schedule SE, above.



Section A.—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE. 19. Net farm profit or (Inss) from Schedule F. line 36, and farm partnerships. Schedule K-1 (Form.)

1a	Net farm profit or (loss) from Schedule F, fine 36, and farm partnerships, Schedule K-1 (Form		į
	1065), box 14, code A	<u>1a</u>	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve		
	Program payments included on Schedule F, line 8b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065),		
	box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1.		ļ
	Ministers and members of religious orders, see page SE-1 for types of income to report on this		
	line. See page SE-3 for other income to report	2	76,558
3	Combine lines 1a, 1b, and 2	3	76,558
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do		
	not file this schedule; you do not owe self-employment tax	4	70,701
5	Self-employment tax. If the amount on line 4 is:		
	 \$106,800 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56. 		
	 More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. 		ļ
	Enter the total here and on Form 1040, line 56.	5	10,817
6	Deduction for one-half of self-employment tax. Multiply line 5		
	by 50% (.50), Enter the result here and on Form 1040, line 27 6 5 , 409		

For Paperwork Reduction Act Notice, see Form 1940 instructions.

Schedule SE (Form 1040) 2009

DAA

Depreciation and Amortization OMB No. 1545-0172 Form 4562 2009 (Including Information on Listed Property) Department of the Treasury Internal Revenue Service See separate instructions. Attach to your tax return Name(s) shown on return Identifying number THOMAS J. & KIMBERLY D. BUCHANAN Business or activity to which this form relates RETAIL - CLOTHING & ACCESSORIES Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I Maximum amount, See the instructions for a higher limit for certain businesses 250,000 Total cost of section 179 property placed in service (see instructions) 7,361 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-, if married filing separately, see instructions 250,000 (c) Elected cost (b) Cost (business use only) (a) Description of property SHELVING <u>7,361</u> Listed property, Enter the amount from line 29 361 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smalter of line 5 or line 8 7,361 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 153,027 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 7,361 Carryover of disaflowed deduction to 2010. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than fisted property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A MACRS deductions for assets placed in service in tax years beginning before 2009 3,663 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (business/investment use (d) Recovery (a) Classification of property (e) Convention (f) Method (a) Degreciation deduction service enoitaurismi ess-ylno 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property g 25-year property SA h Residential rental S/L 27.5 yrs MM property 27.5 yrs. MM S/L Nonresidential real MM S/L 39 yrs. property ММ S/L Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 40-year ΜМ 40 yrs S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

DAA

For Paperwork Reduction Act Notice, see separate instructions.

11,024

Form 4562 (2009)

THERE ARE NO AMOUNTS FOR PAGE 2

SCHEDULE M Making Work Pay and Government (Form 1040A or 1040) Retiree Credits Attach to Form 1040A, 1040, or 1040NR. Sea separate instructions curity number Name(s) shown on return Your secial: 8151 & KIMBERLY D. BUCHANAN 1a Important: See the Instructions if you can be claimed as someone else's dependent or are filing Form 1040NR. Check the "No" box below and see the instructions if (a) you have a net loss from a business, (b) you received a taxable scholarship or fellowship grant not reported on a Form W-2, (c) your wages include pay for work performed while an inmate in a penal institution, (d) you received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or (e) you are filling Form 2555 or 2555-EZ. Do you (and your spouse if filing jointly) have 2009 wages of more than \$6,451 (\$12,903 if married filing jointly)? Yes. Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5. | No. Enter your earned income (see instructions) b Nontaxable combat pay included on line 1a (see instructions) 2 Multiply line 1a by 6.2% (.062) 8,774 3 Enter \$400 (\$800 if married filing Jointly) 800 800 4 Enter the smaller of line 2 or line 3 (unless you checked "Yes" on line 1a) 5 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22 77,892 6 Enter \$75,000 (\$150,000 If married filing jointly) 150,000 7 Is the amount on line 5 more than the amount on line 6? X No. Skip line 8. Enter the amount from line 4 on line 9 below. Yes. Subtract fine 6 from line 5 8 Multiply line 7 by 2% (.02) 9 Subtract line 8 from line 4. If zero or less, enter -0-008 10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2009? You may have received this payment if you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits (see instauctions). No. Enter -0- on line 10 and go to line 11. Yes. Enter the total of the payments received by you (and your spouse, if filing jointly). Do not enter more than \$250 (\$500 if married filing jointly) 11 Did you (or your spause, if filing jointly) receive a pension or annuity in 2009 for services performed as an employee of the U.S. Government or any U.S. state or local government from work not covered by social security? Do not include any pension or annuity reported on Form W-2. No. Enter -0- on line 11 and go to line 12. Yes. • If you checked "No" on line 10, enter \$250 (\$500 if married filing jointly and the answer on line 11 is "Yes" for both spouses) 0 11 • If you checked "Yes" on line 10, enter -0- (exception; enter \$250 if filing jointly and the spouse who received the pension or annuity did not receive an economic recovery payment described on line 10; 12 Add lines 10 and 11 13 Subtract line 12 from line 9, If zero or less, enter -0-800 13 14 Making work pay and government retiree credits, Add lines 11 and 13. Enter the result here 800 and on Form 1040, line 63; Form 1040A, line 40; or Form 1040NR, line 60

For Paperwork Reduction Act Notice, see Form 1040A, 1040, or 1040NR instructions.

"If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see Instructions.

Schedule M (Form 1040A or 1040) 2009

Statement 1 - Form 1940, Line 21 - Other Income	-8151	Federal Statements		
ON CHERI BRIDALS, LLC \$ 79,361 CON CHERI REPORTED 62-1723905 -79,361 FRIOR YEAR NOL -40,161 TOTAL \$ -40,161	Statement	1 - Form 1040, Line 21 - Other Inc	ome	
	ON CHERI BRIDALS, LLC ON CHERI REPORTED 62-1723905 RIOR YEAR NOL	\$ 79,361 -79,361 -40,161	*	.
		,		

Form 1040 General Sales Tax D	eduction Worksheet	2009
Name as shown on return	Toynaver	dentification Number -8151
	cality of KNOXVILLE (2.25)	-6151
	x from IRS Tables	
1. Enter the amount of adjusted gross income (AGI) from Form 1040, Line 3		77,892
 Add the nontaxable amounts from Form 1040, lines 8b, 15a, 16a, 20a (Exc Add the following nontaxable items: nontaxable combat pay, public assist nontaxable unemployment compensation and economic recovery payment 	plude rollovers and tax-free Sec. 1035 exchanges) 2 ance, veteran's benefits, workers' compensation, ts. Also include any amounts which increase	71,032
spendable income, such as the refundable portion of refundable tax credit 4. Add lines 1 through 3, this is income for general sales tax table purposes	4.	77,892
 Enter the amount from the sales tax table in the Schedule A instructions. Part-year residents, complete lines 6 - 8; Full-year residents skip line and enter the amount from line 5 on line 9 		1,193
6. Enter the number of days of residence in state 7. Total days in year 8. Divide line 6 by line 7 (rounded to at least 3 decimal places)	7. 365	
9. Multiply line 5 by line 8, this is the deductible general sales tax using the li		1,193
Local Sales Tax L	Jsing IRS Tables	
10. Enter the amount from the sales tax table in the Schedule A instructions. 11. If you are a resident of Alaska, Arizona, Arkansas, California (Los Angeles Louisiana, Missouri, New York State, North Carolina, South Carolina, Tent the amount from the applicable Optional Local Sales Tax Table in the Schedule.	s County only), Colorado, Georgia, Illinois nessee, Utah, or Virginia, enter	1,193
 12. Enter the local general sales tax rate (exclude statewide local sales tax rat 13. Enter the state general sales tax rate (include statewide local sales tax rat 14. Divide line 12 by line 13 (rounded to at least 3 decimal places) 15. If you entered an amount on line 11, multiply line 11 by line 12. This is the using the optional local sales tax tables. Part-year residents, complete lines 16 - 18; Full-year residents skip and enter the amount from line 15 on line 19 	e) 13. 7.0000 14. 0.321 e local sales tax	
If you did not enter an amount on line 11, multiply line 10 by line 14. This using the optional state and certain local sales tax tables. Part-year residents, complete lines 16 - 18; Full-year residents skip to and enter the amount from line 15 on line 19	lines 16 - 18	383
16. Enter the number of days of residence in locality	16.	
Total days in year Solvide line 16 by line 17 (rounded to at least 3 decimal places)	17. <u>366</u> 18.	
19. Multiply line 15 by line 18. This is the deductible general local sales tax us	sing the IRS tables. 19.	383
General Sales T	ax Summary	
20. Enter the sum of line 9 from all General Sales Tax Deduction Worksheets	20	1.193
Enter the sum of line 19 from all General Sales Tax Deduction Worksheet	s 21.	
22. Add lines 20 and 21, this is the total General Sales taxes using the tables	22.	1,576
23. Enter the actual state and local general sales taxes paid	23.	
24. Enter the greater of line 22 or line 23	24.	1,576
 Enter the state and local taxes paid on specified items (Major purchases)* 	25 .	
26. Add lines 24 and 25, this is the deductible General Sales tax	26,	1,576
27. Enter total state and local income taxes paid*		
Enter the greater of line 26 or 27 on Schedule A, line 5, If line 26 is greater, * Includes allowable new motor vehicle taxes, when applicable. If line 27 is greater, and on Schedule A, line 7, and all state and local income taxes are reported on Schedule A,	includes new motor vehicle taxes, allowable new motor vehicle	

Form 1040	Charita	ble Contributio	on Carryover Wor	ksheet	2009
ame as shown on return THOMAS J.	BUCHANAN			Lavo	aver Identification Number 8151
ولا تعديد وساء	- CLEIMINAIN	Circust Va	ar Contributions		للداب المستحدد
		.892	haritable Contribution AGI	Limitation	59,027
	Contribution	AGI Limitation	CY Amount Utilized	Utilized by NOL	Carryover to Next Year
50% Cash	2,874		2,874		•
50% NonCash					
50% Cap Gain (30%)					
30% Cash				WILLIAM	
30% NonCash					
20% NonCash	N-				
Qual Conservation					
Totals	2,874		2,874		
	50		Carryover Items		ፎፎ ነፍን
50% AGI Li	mitation 59	,027	Remaining Overall AG	I Limitation	56,153
Fifth - 2004					
Fourth - 2005					-
Third - 2006					
Second - 2007	H 				<u> </u>
First - 2008	5,264	56,153	5,264		.
Totals	5,264	20,133	5,264		
· = 4000	7/40 1		0,404	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·
50/30% AGI Fifth - 2004 Fourth - 2005 Third - 2006 Second - 2007 First - 2008	Limitation		o 50% (30%) Carryover Ita Remaining Overall AG	Limitation	•
Totals	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		30% Limitation	Carryover Items		
30% AGI Lir	mitation		Remaining Overall AG	I Limitation	
	- 				
Fifth - 2004		W. Arthermore			
Fourth - 2005					
Third - 2006			international control of the contro		
Second - 2007			Annual Control of the		
First - 2008	· · · · · · · · · · · · · · · · · · ·				
Totals	14 ²⁷⁶				
20% AGI Lin	nitation	20% Limitation	Carryover Items Remaining Overall AG	l Limitation	
Eith : 2004					
Fifth - 2004	The second secon				_
Fourth - 2005	And says would be the second of the says o				
Third - 2006		1970 med Millerensk syrmanic Mayory Mary arrange of the ser			
Second - 2007			teritori, como a postero como de astrono de la Principal de la Colombia de la Col		
First - 2008	Company to the Company of the Compan			-	
Totals -			The state of the s	<u></u>	
Cash contributions to S	ichedule A. Line 16	2,874	Canyover from prior years	to Schedule A Line 19	5,264
	to Schedule A, Line 17		Contributions utilized by NO		- 2,204

F	Form 1040	Student Loan Interest Deduction Worksheet		2009
Nam	e(s) as shown on re	sturn	Talkayer k	dentification Number
T	HOMAS J. 8	KIMBERLY D. BUCHANAN		8151
1. 2.	Enter the amount Do not include any	rest you paid in 2009 on qualified students. Do not enter more than \$2,500 from Form 1040, line 22 or 1040A, line 15 y amounts from foreign earned income exclusion, foreign housing exclusion, e from U.S. possessions, exclusion of income from Puerto Rico by bona fide		430 105,505
3. 4.	entered on the dot	the amounts from Form 1040, lines 23 through 32, plus any amount you ted line next to line 36, or 1040A, lines 16 and 17	3	27,183 78,322
	Note: If line 4 is \$	tract line 3 from line 2 75,000 or more if single, head of household, or qualifying widow(er) or \$150,000 or more if y, stop here. You cannot take the deduction	4.	70,322
5.	Enter: \$60,000 if s	ingle, head of household, or qualifying widow(er); \$120,000 If married filing jointly	5.	120,000
6.	Subtract line 5 from	n line 4. If zero or less, enter -0- here and on line 8, skip line 7, and go to line 9		0
7.	Enter the result as	5,000 If single, head of household, or qualifying wildow(er); \$30,000 If married filing jointly a decimal (rounded to at least three decimal places)	7	
8.	Multiply line 1 by li	ne 7	8.	0
9.	Student loan inte line 33, or 1040A,	rest deduction. Subtract line 8 from line 1. Enter the result here and on Form 1040, line 18. Do not include this amount in figuring any other deduction on your Schedule A. C. E. etc.)	9.	430
				*** U

		N.I VECONG	rel reconcination Yourshell - och E, b, D, Form 4/3/		3, D, FORM 4/	7.0		2003
S.J.	BUCHANAN					Taxpayer Identification Number	cation Number	48151
Entity Name YAZCO			EIN 20-5345584	15584		Sci	Screen K1	KH Unit
Entity Type PARTNERSHIP		Passive Act	_]	PASSIVE			Entire disposition of activity	of activity
-	Current Year Amount	PY Suspended Basis Loss	Disallowed Basis Limitation	PY Suspanded	Disallowed	PY Suspended	Disallowed	Tax
Schedule E page 2						2000	Food Fillimental	Neimin
Ordinary business income/loss					-			
Net rental real estate incomedose	-3,307							-3,307
Other net rental income/-loss								2
Guaranteed payments								
Section 179 expense								
Disallowed Section 179 expense								
Depletion								, , , , , , , , , , , , , , , , , , , ,
Intangible drilling expensed								
Preproductive period expense								
Commercial revitalization deduct								
Reforestation expense deduct								
Other deductions								
Unrelimbursed expenses								
Other incloss - Schedule E								
Debt financed acquisition								
Dependent care benefits								
Total Schedule E page 2	-3,307							-3,307
Schedule E page 1		****						
Royalties						1 1		
Deductions-royalty income								
Depletion								
Total Schedule E page 1								
Schedule B		, de la constanta de la consta						
Interest Income						******	! -	
Tax-exempt Interest income	ودرسه ويستوسين فإنس وود ارزائد دان اسوووا							
Dividend Income								
Qualified dividends (1040, Page 1)								
Schedule Di6781		,			9			
Short-term capital gain/loss								
Long-term capital gain/Aoss								
28% capital gain/loss								
Section 1202 exclusion						1 a 2.		
1256 confracts and straddles						- S. E.	The second secon	
Form 4797		4. 16. 14. 14.						
4797 Part I								
4797 Part II								
1005011								

		N-1 Recon	Reconciliation Worksheet - Sch E,		B, U, rorm 4/3/	<u> </u>	7	202
Name KIMBERLY D.	BUCHANAN					Taxpayer Identification Number	cation Number	-9200
Entity Name YAZCO			EIN 20-5345584	45584		56	Screen K1	Z Snik 2
Entity Type PARTINERSHIP		Passive Ac	NOT	PASSIVE			1 7	of activity
	Current Year	PY Suspended	Disallowed	PY Suspended	Disallowed	PY Suspended	Disallowed	Tax
Schedule E page 2			Majorist and Clare	DECINE POSS	Action Chicagon	Sent Mage	FOSS CHIMINADIA	Leinin
Ordinary business incornel-loss		والمراجعة المراجعة والمراجعة والمستعددة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة						
Net rental real estate incomet-loss	-3,307							-3,307
Offier net rental Incomet-loss								
Guaranteed payments								
Section 179 expense		,						
Disallowed Section 179 expense								
Depletion								
Mangible drilling expensed								
Preproductive period expense								
Commercial revitalization deduct								
Reforestation expense deduct								
Other deductions								
Unreimburged expenses				***************************************				
Other incluse - Schadule II								
Debt financed acquisition								
December Care henefits								
Total Schedule E page 2	-3,307							-3,307
Schedule E page 1								
Royallies								
Deductions-royalty income								
Deptetion								
Total Schedule E page 1								
Schedule B								
interest fncome								
Tax-exempt Interest Income								
Dividend Income								
Qualified dividends (1040, Page 1)								
Schedule D/6781								
Short-term capital gaint-loss								
Long-term capital gain/-loss								
28% capital gain/loss								
Section 1202 exclusion								
1256 contracts and straddles			-					
Form 4797								
4797 Part I								
4797 Part 18								
	_							

Fo	m 1040 Net Operating Loss Worksheet 2 - Carryover	Calculation	2009
Name TH	OMAS J. & KIMBERLY D. BUCHANAN	Taxpaver	Identification Number
	'A		
USE Y	OUR 2009 FORM 1040 TO COMPLETE THE WORKSHEET:		
۲.	Enter as a positive number your NOL deduction from line 21 (Form 1040)		40,161
2.	Enter your taxable income without the NOL deduction	48,135	
3.	Enter as a positive number any net capital loss deduction	0	
4.	Enter as a positive number any gain excluded on the sale of qualified small business stock	0	
5.	Enter the amount of any domestic production activities deduction	0	
6.	Enter any adjustments to adjusted gross income	000	
7.	Enter any adjustments to itemized deductions from line 32 or line 44 below	898	
8.	Enter your deduction for personal exemptions from line 42 (Form 1040)	10,950	F0 000
9,	Modified taxable income Combine lines 2 through 8 & enter result (but not less than zero)		59,983
10.	NOL carryover to 2010 Subtract In 9 from In 1 & enter result (not less than zero)		
	ETMENTS TO ITEMIZED DEDUCTIONS (Individuals Only)	140 053	
11,	Enter your AGI without the NOL deduction for the NOL year entered above or later years	118,053	
12.	Combine lines 3, 4, 5, and 6 above	U U	7.50 DE3
13,	Modified adjusted gross income. Combine lines 11 and 12 above	1014 1014 11 2014	118,053
ADJUS	STMENTS TO MEDICAL EXPENSES:	0001	The second second second second second
14.	Enter your medical expenses from Schedule A (Form 1040), line 4	898	
15.	Enter your medical expenses from Schedule A (Form 1040), line 1	6,740	
16.	Multiply line 13 by 7.5% (.075)	8,854	
17.	Subtract line 16 from line 15 and enter the result (but not less than zero)	<u> </u>	***
18.	Subtract line 17 from line 14	<u></u>	898
	TMENTS TO CHARITABLE CONTRIBUTIONS:	0 720	
19.	Enter your charitable contributions deduction from Schedule A (Form 1040), line 19	8,138	
20.	Refigure your charitable contributions deduction using line 13 above as your AGI	8,138	
21.	Subtract line 20 from line 19		0
	THENT TO CASUALTY AND THEFT LOSSES:	r 	5 (5, 5, 5, 15, 15, 15)
22.	Enter your casualty and theft losses from Form 4684, line 20		
23.	Enter your casualty and theft losses from Form 4684, line 18		
24.	Multiply line 13 by 10% (.10)		
25.	Subtract line 24 from line 23 and enter the result (but not less than zero)	11257	
26.	Subtract line 25 from line 22		
	ITMENT TO MISCELLANEOUS DEDUCTIONS:		
27,	Enter your miscellaneous itemized deductions from Schedule A (Form 1040), line 27		
28.	Enter your miscellaneous itemized deductions from Schedule A (Form 1040), line 24		
29.	Multiply line 13 by 2% (.02)		
30.	Subtract line 29 from line 28. Enter the result (but not less than zero)		the same of a section of
31.	Subtract line 30 from line 27		
	TIVE TOTAL ADJUSTMENT:		
32.	Combine lines 18, 21, 26, and 31. If line 13 is \$166,800 or less (\$83,400 or less if MFS).	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	enter the amount from this line on line 7 above and stop here. Otherwise go to line 33		898
	ITMENT TO OVERALL ITEMIZED DEDUCTIONS LIMIT:	,	
33.	Enter the amount on Schedule A (Form 1040), line 29		
34.	Add lines 17, 20, 25, and 30, and the amounts on Schedule A (Form 1040), lines 9, 15, and 28		
35.	Add lines 17 and 25, the amount on Schedule A (Form 1040), line 14, and any gambling		
	losses included on Schedule A (Form 1040), line 28		
36.	Subtract line 35 from line 34. If the result is zero, enter amount from line 32 on line 7		
***	above and stop here. Otherwise, go to line 37,		5
37.	Multiply line 36 by 80% (.80)		. ,
38.	Subtract \$166,800 (\$83,400 if married filing separately) from the amount on line 13		•
39.	Multiply line 38 by 3% (.03)		١,
40.	Enter the smaller of line 37 or line 39		`
41.	Divide line 40 by 1.50		
42.	Subtract line 41 from line 40		
43.	Subtract line 42 from line 34. Enter the result (but not less than standard deduction amount)		
44,	Subtract line 43 from line 33. Enter the result here and on line 7		

Form	1040		Net Oper	ating Loss Worl	ksheet 3		2009
Name THOMAS	S J.	& KIMBERLY D.	BUCHANAN	1		Tavark	entification Number -8151
Specia	i Aliowa	ance for Rental Real	Estate With A	Active Participation	- Recalculat	ion for NOL Deduct	ion Calculation
1. Enter the	smaller d	of the loss on line 1d or the li married filing separately, se	oss on line 3 from	n Form 8582		1. 🖆	
3. Enter NOI Note: If li	L modified ne 3 is eq	d adjusted gross income, but to or greater than line 2, Otherwise, go to line 4.	t not less than ze	ero ore			
Multiply (in	ne 4 by 50	ins 2 3% (.5). than \$25,000. If married filin		********	4	5.	***************************************
		of line 1 or line 5			, > 1 3 * * * ,	6,	
	· · · · · · · · · · · · · · · · · · ·			g Loss Carryover			
		Prior Year Carryover	Prio	r Amounts Utilized/ erated Current Year		Carryover to 2010	
		-				·	
	1995		1995	·····	1995		
	1996		1996			······································	
	1997		1997				
	1998	- Name of the Publish	1998				
	1999		1999				
	2000 2001		2000				
	2002		2001				
	2003		2002				
	2004		2003		Make .		
	2005				2005		
	2006	25,867				25,867	
	2007				2007		
	2008	14,294			2008	14,294	
			2009	-40,161	2009	-40,161	
					Total		

				erating Loss Carry	over Informa	tion	
		Prior Year Carryover		r Amounts Utilized/ rated Current Year		Carryover to 2010	
	4004	<u> </u>	•			2010	
	1994 1995		1994		4000		
	1996	The state of the s	4000		1995		
	1997		1980		1995		
	1998		1998	To the state of th	1997	······································	
	1999						
			2000		2000		
*	2001				2001		
	2002						
	2003						
	2004				2004	<u> </u>	
	2005		2005		2005		
	2006		5000		2006	24,966	
	2007		2007		2007		
	2008	13,851	2008		2008	<u> 13,851</u>	
			2009	-38,817	2009	-38,817	
					Total		
				The state of the s			

41

42.

Form 1040 2009 Net Operating Loss Worksheet 4 - AMT Carryover Calculation gtification Number THOMAS J. & KIMBERLY D. BUCHANAN 3151 USE YOUR 2009 FORM 1040 TO COMPLETE THE WORKSHEET: 1, Enter as a positive number your AMT NOL deduction 38,817 Enter your alternative minimum taxable income without the NOL deduction 65.044 Enter as a positive number any net capital loss deduction Enter as a positive number any gain excluded on the sale of qualified small business stock ... Enter the amount of any domestic production activities deduction Enter any adjustments to adjusted gross income Enter any adjustments to itemized deductions from line 32 or line 44 below Modified alternative taxable income. Combine lines 2 through 7 (but not less than zero) Alternative taxable income limitation. Enter 90% of line 8 AMT NOL carryover to 2010. Subtract line 9 from line 1 (but not less than zero) ADJUSTMENTS TO ITEMIZED DEDUCTIONS (Individuals Only) Enter your adjusted gross income without the NOL deduction Combine lines 3, 4, 5, and 6 above Modified adjusted gross Income. Combine lines 11 and 12 above .053 ADJUSTMENTS TO MEDICAL EXPENSES: 14. Enter your medical expenses from Schedule A (Form 1040), line 4 898 15. Enter your medical expenses from Schedule A (Form 1040), line 1 6,740 Multiply line 13 by 7.5% (.075) 8.854 Subtract line 16 from line 15 and enter the result (but not less than zero) Subtract line 17 from line 14 898 ADJUSTMENTS TO CHARITABLE CONTRIBUTIONS: 19. Enter your charitable contributions deduction from Schedule A (Form 1040), line 19 Refigure your charitable contributions deduction using line 13 above as your AGI Subtract line 20 from line 19 0 ADJUSTMENT TO CASUALTY AND THEFT LOSSES: Enter your casualty and theft losses from Form 4684, line 20 Enter your casualty and theft losses from Form 4684, line 18 Multiply line 13 by 10% (.10) 25. Subtract line 24 from line 23 and enter the result (but not less than zero) 26. Subtract line 25 from line 22 ADJUSTMENT TO MISCELLANEOUS DEDUCTIONS: 27. Enter your miscellaneous itemized deductions from Schedule A (Form 1040), line 27 Enter your miscellaneous itemized deductions from Schedule A (Form 1040), line 24 28. Muttiply line 13 by 2% (.02) 30. Subtract line 29 from line 28. Enter the result (but not less than zero) 31. Subtract line 30 from line 27 TENTATIVE TOTAL ADJUSTMENT: 32. Combine lines 18, 21, 26, and 31. If line 13 is \$166,800 or less (\$83,400 or less if MFS), enter the amount from this line on line 7 above and stop here. Otherwise go to line 33 898 ADJUSTMENT TO OVERALL ITEMIZED DEDUCTIONS LIMIT: 33. Enter the amount on Schedule A (Form 1040), line 29 Add lines 17, 20, 25, and 30, and the amounts on Schedule A (Form 1040), lines 9, 15, and 28 Add lines 17 and 25, the amount on Schedule A (Form 1040), line 14, and any gambling losses included on Schedule A (Form 1040), line 28 Subtract line 35 from line 34, if the result is zero, enter amount from line 32 on line 7 above and stop here. Otherwise, go to line 37. Multiply line 38 by 80% (.80) 37. Subtract \$166,800 (\$63,400 if married filing separately) from the amount on line 13

Multiply line 38 by 3% (.03)
Enter the smaller of line 37 or line 39
Divide line 40 by 1.50

43. Subtract line 42 from line 34. Enter the result (but not less than standard deduction
44. Subtract line 43 from line 33. Enter the result here and on line 7

Subtract line 41 from line 40

MBERLY D. BUCHANAN adule K-1, box 14, code A partnerships partnerships 79 from farm partnerships merships m partnerships om farm partnerships		Taxpayer Identification Number 8151 Spouse
adule K-1, box 14, code A partnerships partnerships 79 from farm partnerships merships m partnerships om farm partnerships	Taxpayer	
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om farm partnerships		1
	<u> </u>	\
expenses from farm partnerships	1	\
ncome		/
(loss) - Schedule SE line ta	0	0
m payments to social security/disability benefit recipients listed on Sch K-1 (Form 1965), box 20, code Y - Sch SE line 1b	(0)) (
•		
ister Schedule C income reported below)	75,722	76,558
chedule K-1, box 14, code A	10,122	70,550
rm partnerships	/	1
m partnerships		\ }
79 from nonfarm partnerships	1	
partnerships	<u> </u>	(
nfarm parinerships	}	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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expenses from ponform partnerships	<u> </u>	\ }
1989 - Form 2106 (avolution minister 2106 purposes appointed bytes)		\ }
Filtrome	<u> </u>	/ \
reported as other income		
from contracts and straddise	·	
VITIENT INDICATE Charmy Workshoot Days 4 line \$)		
or (loss) - Schedule SE line 2	75,722	76,558
=		
and/or exempt from self-employment tax		
and and and an analysis of the second) [
luded on Schedule SE, line 3 =	0	0
foyment activities - Schedule SE line 3	75,722	76,558
handale AT II		
	om nonfarm partnerships expenses from nonfarm partnerships sees - Form 2106 (excluding minister 2106 expenses reported below) E income reported as other income from contracts and straddles yment income (from Clergy Worksheet Page 4, line 8) or (loss) - Schedule SE line 2 and/or exempt from self-employment tax s performed as a notary public c chapter 11 bankruptcy case luded on Schedule SE, fine 3	mm nonfarm partnerships

Form 1040 2009 Self-Employed Health Insurance Deduction Worksheet Name of person with self-employment income (as shown on Form 1040) Taxpayer Identification Number THOMAS J. 8151 BUCHANAN Description RETAIL - CLOTHING & ACCESSORIES Form/Schedule Unit number 1. Enter total payments made during the tax year for health insurance for you, your spouse and dependents. Do not include amounts for any month you were eligible to participate in an employer-sponsored health plan by your or your spouse's employer, or: Any amounts paid from retirement plan distributions that were nontaxable because you are a retired public safety officer Any amounts you included on Form 8885, line 4 Any qualified health insurance premiums you paid to "U.S. Treasury-HCTC", or Any health coverage tax credit advance payments shown in box 1 of Form 1099-H Also, do not include payments for qualified long-term care insurance 2. For long-term care insurance, enter the lesser of total payments made, or limited amount based on age 2. 3. Add the total of lines 1 and 2 8,212 4. Enter your net profit and any other earned income from the trade or business under which the insurance plan is established. (If the business is an S corporation, skip to line 11.) 76,558 5. Enter the total of all net profits from: line 31, Sch C; line 3, Sch C-EZ; line 36, Sch F; or box 14, Code A, Sch K-1 (Form 1065); plus any other income allocable to the profitable businesses. DO NOT include any net losses shown on these schedules 76,558 6. Divide line 4 by line 57. Multiply Form 1040, line 27, by the percentage on line 5 1.0000 5,350 8. Subtract line 7 from line 4 71,208 9. Enter the amount, if any, from Form 1040, line 28 attributable to the same trade or business in which the health insurance plan is established 10. Subtract line 9 from line 8 71,208 11. Enter your Medicare wages (Form W-2, box 5) from an S corporation in which you are a more-than-2% shareholder and in which the health insurance plan is established 12. Enter the amount from Form 2555, line 45, attributable to the amount entered on line 4 or 11 above, or the amount from Form 2555-EZ, line 18, attributable to the amount entered on line 11 above 13. Subtract line 12 from line 10 or 11, whichever applies 14. Self-employed health insurance deduction. Enter the smaller of line 3 or line 13 here and on Form 1040, line 29. DO NOT include this amount in figuring any medical expense deduction on Schedule A ______14. 8,212



Form 1040		Self-Employed Health Insurance Deduction Worksheet						2009
lam	e of person with se	lf-employment	income (as si	rown on Form	1040)		Taxpay	er_Identification Number
K.	IMBERLY D.	BUC	HANAN				_4	9200
esc	ription <u>RETA</u>	IL - CL	OTHING	& ACCES	SORIES	Form/Schedule	C	Unit number 1
1.	Enter total paymer	its made during	the tax year	for health insur	ance for you, your sp	ouse and dependents.		£2"
			-		, ,	er-sponsored health plan		
	by your or your sp	ouse's employe	r, or:		•			
	●Any amo	ounts paid from	retirement ple	an distributions	that were nontaxable			
		you are a retir						
	_	ounts you includ			•			
	Any qua	lified health ins	urance premit	ıms you paid to	"U.S. Treasury-HCT	C", or		
					nown in box 1 of Fore			
	Also, do not includ						1.	8,212
2,	For long-term care	Insurance, ent	er the lesser	of total paymer	its made, or limited ar	nount based on age	2.	
3.	Add the total of line	es 1 and 2				4	3.	8,212
4.		it and any othe	r earned incor	me from the tra	de or business under	which the		
	insurance plan is e	stablished. (If t	he business la	an Scorporat	ion, skip to line 11.)	*********************	4.	76,558
5.	Enter the total of a	il net profits fro	m: line 31, So	ah C; line 3, Sc	h C-EZ; line 36, Sch T	; or box 14, Code A,		
						DO NOT include any		
	net losses shown of	on these sched	uics			*******************	. 5.	76,558
6.	Divide line 4 by line	3 5					6.	1.0000
7.	Multiply Form TO40	, ine 27, by th	a percentage	on ine ti			7.	5,409
8.	Subtract line 7 from	iline 4	********			pusiness in which the	8	71,149
9.								
	health insurance pi	an is establish	9d		**************	> * * * * · · · · · · · · · · · · · · ·	9	
	Subtract line 9 from	ı line 8					16.	71,149
11.						are a more-than-2% shareholi		
	and in which the h	ealth insurance	plan is establ	lished	* ***********		., 11,	
12.	Enter the amount f	rom Form 2555	, line 45, attril	butable to the a	mount entered on line	4 or 11 above, or the		
	amount from Form	2555-EZ, line	18. attributable	to the amoun	t entered on line 11 a	bovė	12.	
13.	Subtract line 12 fro	m line 10 or 11	, whichever a	pplies	************	*********************	. 13.	71,149
14.	semembloked her	MN msurance	deduction.	inter the smalls	er of line 3 or ima 13 h	iera and on		<u>.</u>
	rom 1040, line 29	, DO NOT incl	ude this amou	unt in figuring a	ny medical expense o	leduction on Schedule A	14,	8,212

08/26/2013 16:13

Federal Statements 151 Schedule A. Line 1 - Medical and Dental Expenses Description Amount MEDICAL/DENTAL EXPENSES 5,000 PRESCRIPTION DRUGS 1,740 TOTAL 6,740 Schedule A. Line 5b - State and Local General Sales Taxes Description Amount GENERAL SALES TAX 1,576 TOTAL 1,576 Schedule A. Line 10 - Home Mortgage Interest From Form 1098 Description Amount SUNTRUST BANK 44,150 TOTAL 44,150 Schedule A. Line 16 - Charitable Contributions by Cash or Check Haiti Relief Description 1/12/10-2/28/10 Amount MISC CHARITABLE ORGANIZATIONS 2,874 TOTAL 2,874

08/2013 16:13 #293 P.026/027

Federal Statements **\$**151 INTERNET ADVERTISING AND RETAIL
Schedule C. Line 23 - Taxes and Licenses Description Amount OTHER TAXES & LICENSES 670 TOTAL 670

Federal Statements 8151 **RETAIL - CLOTHING & ACCESSORIES** Form 4562, Line 11 - Business Income Description Amount EUSINESS INCOME SCHEDULE E INCOME 159,641 -6,614 153,027 TOTAL

Capital Financial Group, LLC 8320 E. Walker Springs Lane, Suite 100

Knoxville, TN₆37923 Tel: 86**5-246-2955** FAX 86**5-246-1755**



facsimile transmittal

Agent:	J. Todd Williams toddwilliams@fine	ancialguide.com							
To:	Christopher Murphy	Fax No:	781-304-5425						
From:	J. Todd Williams	Date:	8/23/2012						
Re:	Tom & Kimberly Buchanan	Pages:	2						
-	Account # 037-1526-00								
	Ma Manalan								
	Mr Murohy,								
	Attached is the copy of the 2012 Automatic Extension of Time to File US Individual Tax Return.								
Here's a Marian and a Marian an	I will send the additional requirements when I receive them.								
	Thank you		·						
	Mitzi Ward								
-									
indoorning of the con-		······································							
	and the second s								



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^From:

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

OMB No. 1545-0074

2012

Department of the Treasury Internal Revenue Service (on bottom of page)

Mail To: Department of the Treasury Internal Revenue Service

KANSAS CITY, MO 64999-0045

Form 4868	Application for Automati To File U.S. Individual	
rntemai Revenue Servica (99)	For calendar year 2012, or other tax year beginning	, ending
Part I Identification		Part II Individual Income Tax
1 Your name(s) (see instructions)		4 Estimate of total tax liability for 2012 \$
THOMAS J. KIMBERLY D.	BUCHANAN BUCHANAN	5 Total 2012 payments 6 Balance due. Subtract line 5 from line 4 (see Instructions)
		7 Amount you are paying (see instr.)
City, town, or post office KNOXVILLE	\$tate ZIP code TN 37922	8 Check here if you are "out of the country" and a U.S. citizen or resident (see instructions)
2 Your speial security number 8151	3 Sociuse's social security number 9200	Chack here if you file Form 1040NR or 1040NR-EZ and did not reactive wages as an amployee subject to U.S. Income tax withholding
For Privacy Act and Paperwol	rk Reduction Act Notice, see page 4.	Form 4868 (2012)

DAA

From: (860) 737-2704 Christopher Murphy Sun Life Financial 175 Addison Road

Origin ID: EHTA



Ship Date: 07AUG13 ActWgt: 1.0 LB CAD: 3525060/INET3430

Windsor, CT 06095

BILL SENDER

Delivery Address Bar Code



Ref# invoice # Dept#

SHIP TO: (865) 675 Kim Buchanan

KNOXVILLE, TN 37934

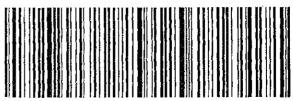
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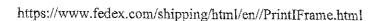
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Sun Life and Health Insurance Company (U.S.) * 175 Addison Road P.O. Box 725 Windsor, CT 06095-0725

August 6, 2013

Kim Buchanan

Via Federal Express

Knoxville, TN. 37934

RE: Group Long Term Disability ("LTD") Account No.: 037-1526-00

Policyholder: Bella Boutique Claimant: Kim Buchanan

Dear Ms. Buchanan:

This correspondence concerns the status of our review.

The following claim documentation was received prior to your claim appeal request:

• 2009 and 2010 Schedule Cs and Schedule SEs

The following claim documentation has been received since your claim appeal request:

- Copies of your 2010 and 2011 Federal Income Tax Returns
- Partnership Savings/ Checking Account(s) Monthly Statements

The following requested claim documentation remains outstanding:

- Complete copy of the Partnership Agreement in place as of the December 1, 2004, coverage effective date, as well as complete copies of any updated Partnership Agreement since that time
- Complete copies of your 2009 and 2012 Individual Federal Income Tax Returns form 1040 to
 include all schedules to include but not limited to E and K1, as well as attachments, which were
 submitted to and accepted by the IRS
- Complete copies of your 2009, 2010, 2011, and 2012 Partnership Federal Income Tax Returns form 1065 to include all schedules and attachments which were submitted to and accepted by the IRS
- Detailed Monthly Business Income/ Expense Financial Statements for the period 01/01/2009 to present

Please respond by either providing each of the outstanding claim documentation items or providing us a written response regarding the status of your submission of each of the outstanding claim documentation items.

The business and financial documentation which you have submitted has been referred to a consulting Certified Public Accountant for initial review and teleconference with your CPA, Rusty Foust.

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Apparent Claim Issues to be addressed:

- Whether or not you were an Active Full-time Employee being paid for such work in accordance with applicable Wage and Hour Laws;
- Whether or not you submitted Satisfactory Proof of Loss to support his Basic Monthly Earnings as defined;
- Whether or not your Sickness or Injury was the material and substantial factor in causing the
 earnings loss. A Sickness or Injury would not have a Demonstrated Relationship to a Disability
 if the earnings loss was produced primarily by causes which are not related to a Sickness or
 Injury;
- Whether or not you meet the definition of Total Disability or Partial Disability through the Elimination Period and beyond; and
- Whether or not you submitted Satisfactory Proof of Rehabilitative Employment earnings.

Should you have any questions regarding the above, I can be reached at 1-800-451-2513 x-2704. Our fax number is (781) 304-5425.

Sincerely,

ì

Christopher Murphy, HIA, ALHC

Christopher Murphy

LTD Claims - Sr. Consultant, Appeals and Resolutions

^{*} Formerly known as Genworth Life and Health Insurance Company
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From: (860) 737-2704 Christopher Murphy Sun Life Financial 175 Addison Road

Windsor, CT 06095

Origin ID: EHTA





J13201306280326

BILL SENDER

SHIP TO: (508) 832-0030 Jeff Bannon, CPA

162 Auburn Street

AUBURN, MA 01501

Ship Date: 06AUG13 ActWgt: 7.0 LB CAD: 3525060/INET3430

Delivery Address Bar Code



Ref# Invoice#

PQ# Dept#

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CPA REFERRAL

Referred By: Christopher Murphy

Extension: 860-737-2704

Date: 07/29/13

E-Mail Address: Christopher.N.Murphy@Sunlife.com

Claimant's name: Kimberly Buchanan Group Account Number: 037-1526-00

Control Number:

Company: SLHIC

Brief summary of Financial Situation and Questions:

In November 2011, Claimant submitted an LTD claim reporting a 05/11/2010 disability cease work date. LTD Contract at the time had the standard Basic Monthly Earnings definition which claimant chose as Employee Benefits Administrator when case was issued back in December 2004. Attendance & Payroll records were requested. Claimant responded that as a Partner/ Owner, they do not keep attendance and she does not receive pay/ income from Bella Boutique, rather Bella Boutique pays all their bills. No business/ financial documentation were submitted. Claimant advised that remaining income from the business was paid to her husband. CPA advised any income was allocated to husband, rather than 50:50. LTD claim was denied 02/14/2012 due to Lack of Proof. Claimant provided copy of her records in May 2012. In February 2013, claimant submitted 2009 and 2010 Schedule Cs, Schedule SEs which were returned as no appeal was submitted within 180 days of the denial. Appeal letter submitted June 2013. Insurable earnings and applicable definition of Basic Monthly Earnings referred to Small Group Underwriting who retro-actively revised definition to K1 for Partners given business entity reported as Partnership on application for coverage. While not a formal appeal, advised claimant would evaluate required business and financial records under the Partnership definition of earnings.

Basic Monthly Earnings (with respect to partners)

If you are a partner, your Basic Monthly Earnings will be calculated from the partnership federal income tax return as follows:

- From the line which shows "net earnings (loss) from self-employment" from Schedule K-1 of the partnership income tax return (form 1065) for the calendar year prior to the date your Period of Disability begins; or
- 2. For the period that you were a partner if you were not a partner during the year for which the most recent partnership federal tax return was filed.

It includes employee pre-tax contributions to a deferred compensation plan which is defined by a documented, pre-determined formula.

Please review claim forms, claim statements, as well as Income Tax Returns, and business financial documents and advise regarding Basic Monthly Earnings and any Rehabilitative Employment Earnings for the period 05/11/2010 to present.

Purpose of Review:

X Establish Basic Monthly Earni	ngs						
Determine Current Employment Income							
K Review Complex Tax Returns ☑ Other:							
Additional Information:							
	for Bella Boutique and the Buchanans (865) 690-7010						

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June 12, 2013

Carol A. Earle, ALHC, HIA, MHP
Sr. Benefit Consultant
Group Long Term Disability
Sun Life and Health Insurance Company
175 Addison Road
P. O. Box 725
Windsor, CT 06095-0725

RE: Kimberly D. Buchanan #411-13-9200 - Bella Boutique Long-Term Disability Claim Sun Life Financial – Account Number: 037-1526-00 / Group Policy No: 37-0000

Please consider this letter to be my request and my authorization to appeal and reopen the referenced Long-Term Disability claim.

I have just recently submitted 2009 and 2010 financial documentation to Sun Life so they can continue processing this disability claim.

I also recently resubmitted copies of my initial Sun Life Application for Long-Term Disability Benefits as well as the additional medical information Sun Life requested.

I am including here my job description and my primary work responsibilities when I was able to work at Bella Boutique. I have also outlined here how my illness impacted my ability to perform my required job duties and how business suffered since I was disabled and unable to perform the duties and responsibilities of my job.

Please advise if Sun Life needs any additional information to complete the processing of my Long-Term Disability claim.

If you have any questions, please do not hesitate to contact me.

serly D. Buchanan

Thank you,

Kimberly D. Buchanan

Knoxville, TN 37934

Kimberly Buchanan - Bella Boutique

Job description: Owner and manager of Bella Boutique - ladies specialty boutique Primary responsibilities: Buyer of dresses, accessories and everything offered in the boutique

I spent over one week at the Atlanta market in August buying dresses and another 4 or 5 days in October buying more dresses and accessories - such as shoes. Total dresses purchased approached 2,000 pieces at a cost of about \$400,000.

All divisions of our business suffered when I could not work. Our dress selection declined. We had to delete Mother of the Bride and social occasion dresses because that category is very difficult, and I was the only one who could buy merchandise, and sell the product. We had dedicated over 1000 square feet and two dressing rooms just for those categories. The entire dress category declined because customers wanted to see and work with me, and I was not able to work.

Because I was not able to work, accessories not only declined but inventory as well as margins declined greatly due to me not being able to buy from the wholesale district in New York where I saved at least 75%. I would spend a week at a time purchasing \$10,000 to \$20,000 of inventory items. We had to drop all social occasion accessories matching purses, shoes, jewelry and bridal accessories.

I was the manager and full-time employee. I worked 7 days a week on Monday through Saturday from 10:00 am until 8:00 pm. And I also worked from 12:00 pm to 6:00 pm on Sunday.

I was responsible for hiring and training staff (all part-time) with an annual turn-over due to employees being college students. I was responsible for making sure each employee did their job.

I checked all incoming merchandise - checking shipments versus the orders. I was responsible for getting the merchandise ready for the sales floor by steaming, tagging and pricing correctly.

I was responsible for the merchandising of the products we carried. With the dress inventory of over 1,500 pieces, the rotation of dresses throughout the store was important to keep the store displays fresh. I was constantly changing manikins.

I was responsible for restocking inventory. I had to know when to order, what to order and how much to order to make sure all categories were well stocked.

I was responsible for working daily with all vendors to check special orders. I was responsible for handling returns and making sure to issue the correct credit.

I had the following additional responsibilities:

Dress repairs:

- Moving damaged dresses off the floor to be repaired, in-house or taken to out-sourced alterations company.
- Returning dresses to manufacturer if determined to be manufacturer flaw.

Bookkeeping:

- · Writing all business expenses checks.
- Paying all vendors invoices in a timely manner and making sure they are correct and if there was a credit against an invoice making sure it is applied.
- Tracking all market orders, special orders, returns, duplicate invoices and business performance.

Accounting:

	Working with our accounting firm to make sure taxes were paid on time and give them all monthly sales
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Capital Financial Group, LLC

8320 E. Walker Springs Lane, Suite 100

Knoxville, TN 37923 Tel: **865-246-2955** FAX 865-246-1755 GROUP DISABILITY



Sir all

facsimile transmittal

Agent:	J. Todd Williams toddwilliams@fir	nancialguide.com						
То:	Christopher Murphy	Fax No:	781-304-5425					
From:	J. Todd Williams	Date:	6/25/2013					
Re:	Kim Buchanan	Pages:	28					
· · · · · · · · · · · · · · · · · · ·	Account # 037-1526-00							
	Mr. Murphy,	ر ما در مورد می در						
	I am the writing agent for the Group LTD Account # 037-1526-00							
**************************************	Claimant: Kim Buchanan							
	Policyholder: Bella Boutique							
	I have attached the 2010 & 2011	Tax Returns f	for Tom & Kim Buchanan.					
Towns of the second second	If you have any questions about the returns you may call me directly on my							
	cell # 865-368-1946 and I will conference in the CPA Lori Bright and my							
	assistant Beth Beam so we can get this matter taken care of for the Buchanan's.							
34-44-45-44-44-44-44-44-44-44-44-44-44-44	Thank you							
	J. Todd Williams							



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ATTN: Told Williams



Sun Life and Health Insurance Company (U.S.) * 175 Addison Road P.O. Box 725 Windsor, CT 06095-0725

June 21, 2013

Kim Buchanan

Via Federal Express

Knoxville, TN, 37934

RE: Group Long Term Disability ("LTD") Account No.: 037-1526-00 Policyholder: Bella Boutique Claimant: Kim Buchanan

Dear Ms. Buchanan:

On Friday May 24, 2103, 3:27 pm, Digital Benefit Advisors emailed claim documents to us. These documents were received on Tuesday May 28, 2013, after the Memorial Day Holiday.

The email included a claim appeal request from Thomas Buchanan of Bella Boutique dated April 8, 2013, stating this letter is a request and authorization to appeal and re-open your LTD claim. The letter further states that 2009 and 2010 financial documentation was recently submitted to Sun Life so we can continue processing your disability claim. The letter additionally states that a copy of the initial Sun Life Application for Long Term Disability Benefits is stached and additional information Sun Life requested is attached.

The LTD claim denial letter dated February 14, 2012, outlined that you do not qualify as an Active Full-time Employee as defined by this policy. The claim liability determination letter outlined your Right to Appeal if you disagree with our decision, you may request in writing a review of the denial within 180 days after receiving the denial notice. A copy of the February 14, 2012, claim denial letter is attached.

Under BRISA claim regulations, a request for review must be made in writing by yourself or your authorized representative within 180 days after receiving the February 14, 2012, denial notice, on or around August 14, 2012.

Discussion:

This group insurance coverage was initially issued on the basis that each Employee's compensation is reported on a W2 for premium and benefit determination.

A basis of your LTD claim denial was that you could not produce employment records to include payroll records and W2s.

On June 12, 2013, Underwriting performed a case change correcting the Partner definition of earnings to K1. You have claimed that you are a Partner of a Partnership,

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This group insurance coverage has been revised insuring each Partner's compensation that is reported on the line which shows "not earnings (loss) from self-employment" from Schedule K-1 of the partnership income tax return form 1065 for the calendar year prior to the date your Period of Disability begins. Please refer to the Group Long Term Disability Certificate Last Printed June 12, 2013, for complete changes.

While the administrative claim record closed after not receiving a written appeal request from you on or around August 14, 2012, and you and your CPA have claimed that all of the income was allocated to your husband Tom, given the case change, we are willing to consider additional Proof relative to Active Full-time Employee and Proof of Loss, in relation to our February 14, 2012, claim denial.

We will require the following claim documentation be submitted within 30 days:

- Complete copy of the Partnership Agreement in piace as of the December 1, 2004, coverage
 effective date, as well as complete copies of any updated Partnership Agreement since that time
- Complete copies of your 2009, 2010, 2011, and 2012 Individual Federal Income Tax Returns
 form 1040 to include all schedules to include but not limited to E and K1, as well as attachments,
 which were submitted to and accepted by the IRS
- Complete copies of your 2009, 2010, 2011, and 2012 Partnership Federal Income Tax Returns form 1065 to include all schodules and attachments which were submitted to and accepted by the IRS
- Detailed Monthly Business Income/ Expense Financial Statements for the period 01/01/2009 to present
- Partnership Savings/ Checking Account(s) Monthly Statements for the period 01/01/2009 to present
- Any other business or financial documents you wish us to consider

Apparent Claim Issues to be addressed:

- Whether or not you were an Active Full-time Employee being paid for such work in accordance with applicable Wage and Hour Laws;
- Whether or not you submitted Satisfactory Proof of Loss to support his Basic Monthly Earnings as defined;
- Whether or not your Sickness or Injury was the material and substantial factor in causing the
 earnings loss. A Sickness or Injury would not have a Demonstrated Relationship to a Disability
 if the earnings loss was produced primarily by causes which are not related to a Sickness or
 Injury;
- Whether or not you meet the definition of Total Disability or Partial Disability through the Elimination Period and beyond; and
- Whether or not you submitted Satisfactory Proof of Rehabilitative Employment carnings.

Should you have any questions regarding the above, I can be reached at 1-800-451-2513 x-2704. Our fax number is (781) 304-5425.

Sincerely,

Christopher Murphy

Christopher Murphy, HIA, ALHC LTD Claims - Sr. Consultant, Appeals and Resolutions

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payment. Also,	18 19	Harm Income of	r (loss). Attach Schedul							8		
please use Form 1040-V.	20a	Unemployment		***********				**********		9		
Portit today.	21	Social security be	int has and consumt	מסט	b 7	BXBDI TUTA	ie amount					
	22	Combine the en	ist type and amount nounts in the far right o	obuse for times."	OLEAL CHILE	IN <u>I</u>			2		050 16	
	23					23	On forsi i	ncome P	+-	2	258,169	
Adjusted	24	Certain busines	ses s expenses of reservist	s. performino a	rtists and				-	1		
Gross		fee-basis goven	nment officials, Attach F	form 2106 or 2	106-EZ	24			13			
Income	25	Health savings	account deduction. Atta	ch Form 8889		25			7			
	26	Moving expense	s. Attach Form 3903		1 .	26	· · · · · · · · · · · · · · · · · · ·		7		•	
	27	Deductible part	of self-employment tax.	Attach Schedu	ile SE	27		10.12			•	
	28	Self-employed \$	SEP, SIMPLE, and qua	lified plans	77.7	28			-			
	29	Self-employed	nealth insurance deduc	lion		29		24,65	2			
	30	Penalty on early	withdrawal of savings			30						
	31a	Alimony paid	b Recipient's SSN 🕨	* ***	3	1a						
	32	IRA deduction				32			_] .			
	33	Student loan int	arest deduction		1 :	33	u	·	_	1		
	34	luition and rees	. Attach Form 8917			34			_	Į		
	23	Domestic produi	ction activities deduction	a. Attach Form	8903	35			_			
	36 5~	Add ines 23 the	ough 35 from line 22. This is yo						3	<u> </u>	34,773 223,392	
	37									7		

Form 1040 (2011	THO	MAS J. & KIMBERLY D. BUCHANAN		8151 Page 2
Tax and		Amount from line 37 (adjusted gross income)	38	223,392
Credits	39a	Check You were born before January 2, 1947, Blind. Total boxes	180	<u> </u>
O (Cuito		# Spouse was born before January 2, 1947, Blind. Checked ▶ 39a		
	7 b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b	1	
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	66.070
Deduction for-	41		41	157,322
People who	1 .	Subtract fine 40 from line 38		
chack any	42	Exemptions, Muliply \$3,700 by the number on line 6d	42	
box on lina 39a or 39b or	43	Taxable Income. Subtract line 42 from line 41. If line 42 is more than line 41, enlier -0-	43	149,922
who can be claimed as a	44	Tex (see instr.), Check if any from: a Form(te) b Form c = 952	44	* 30,048
∦¢ependeπt,	45	Alternative minimum tax (see instructions), Attach Form 6251	45	
'see Instructions.	46	Add lines 44 and 45	46	30,048
• All others:	47	Foreign tax credit. Attach Form 1116 if required 47		
Single or	48	Credit for child and dependent care expenses. Attach Form 2441 48		
Married filing separately.	49	Education credits from Form 8863, line 23		
\$5,800	50	Retirement savings contributions credit. Attach Form 8880 50	7 🕔	
Married filling jointly or	51	Child tax credit (see instructions) 51	7	
Qualifying widow(er),	52	Residential energy credits. Attach Form 5695 52	1 👌	
\$11,600	53	Other credits from Form:a 3800 b 8801 c 53	1 1	
Head of	54		54	
household, \$8,500	55	Add lines 47 through 53. These are your total credits Subtract line 54 from line 46. if line 54 is more than line 46, enter -0-	55	30,048
		Self-employment (ax. Attach Schedule SE	*******	
Other			56	18,107
Taxes	57	Unreported social security and Medicare tax from Form: a 4137 b 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a	Household employment taxes from Schedule H	59a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60	Other taxes. Enter code(s) from instructions	60	
	61	Add lines 55 through 60. This is your total tax	61	48,155
	62	Federal income tax withheid from Forms W-2 and 1099 62		
Payments	63	2011 estimated tax payments and amount applied from 2010 return 63 1.1,199		
If you have a	64a	Earned Income credit (EIC) 642		
qualifying	Ь	Nontaxable combat pay election 64b	1 33	
child, attach	65		200	
Schedule ElC.	66	Additional child tax credit. Attach Form 8812 65	- `\\}	
		American opportunity credit from Form 8863, fine 14 65	- 13	
	67	First-time homebuyer credit from Form 5405, line 10 67	- 1	
	68	Amount paid with request for extension to file 68	1 3	
	69	Excess social security and tier 1 RRTA tax withheld 69		
•	70	Credit for federal tax on fuels. Attach Form 4136 70		
	71	Credits from Form: a 2439 b 8839 c 8601 d 8885 71		
-	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	11,199
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	
Direct deposit?	≱ b	Routing number		
See Instructions,	▶ d	Account number		
Instructions.	75	Amount of line 73 you want applied to your 2012 estimated tax > 75	V	
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions.	76	37,364
You Owe	77	Estimated tax penalty (see instructions) 77 408		2/1203
· · · · · · · · · · · · · · · · · · ·	Do you	want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Complete		
Third Party	ř			
Designee	Designee's	L TYPATT T CANCELLY TO THE TOTAL TO THE TENT OF THE TE		0574
Clan	name Under nen		* 86:	<u>5-690-7010</u>
Sign Here	they are to	alties of parjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowled up, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	Je. Je.	
Joint return?	Your signs			Daytime phone number
See Instr.	·	SELF EMPLOYED		
Keepacopy F foryour	Spouse's s	righeture, if a joint ratum, both must sign. Date Spouse's occupation	-	if the IRS sent you an Identity Protection PIN,
records.		SELF EMPLOYED		enter it here (see Instr.)
	hint/Type pre	parer's name Preparer's signature Date	Chec	k H PTIN
Paid	ACKIE I	. SIMPSON	1	mployed P00080574
Preparer F	im's name	▶ PINKSTAFF, SIMPSON, HALL AND HEADRICK PC	Firm's EIN	
Use Only F	im's address	A COCO CONTAN CONTRACT TARREST TARREST	Phone no	
-		KNOXVILLE TN 37923		-690-7010
1/18	INT	1 000 700	46,8	
DAA .		,		

SCHEDULE A (Form 1040)		Itemized Deduction	ons			OMB No. 1545-0074
Department of the Treas Internal Revenue Service	9	(99)	ns for S	ichedule A (Form 1040		Attachment Sequence No. 07
Name(s) shown on Form THOMAS J		& KIMBERLY D. BUCHANAN		160.36		tty number 8151
Medical		Caution. Do not include expenses reimbursed or paid by others.		0		2404
and	1	Medical and dental expenses (see instructions)	,		33.0	
Dental		Enter amount from Form 1040, line 38 2	7/0		- 3	
Expenses		Madenty Box 2 by 7 59/ / A75)	3			
		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		474444	4	
Taxes You	5	State and local (check only one box):			\$3.5	
Paid		a Income taxes, or	5	3,015		
		b X General sales taxes		,		
	6	Real estate taxes (see instructions)	6	4,206		
		Personal property taxes	7	· · · · · · · · · · · · · · · · · · ·		
		Other texes. List type and amount	30		3	
	•	*** ***********************************	8	-		
	9	Add lines 5 through 8			ا و	7,221
Interest		Home mortgage interest and points reported to you on Form 1098	10	44,150	55.2	7,
You Paid		Home mortgage interest not reported to you on Form 1098. If paid to the	1.			
		person from whom you bought the home, see instructions and show that	44		\.	
Note.		person's name, identifying no., and address		1	100	
Your mortgage				!	1,53	
interest deduction may				•		
be limited (see			11	·		
instructions).	12	Points not reported to you on Form 1098. See instructions for				
		special rules	12			
		Mortgage Insurance premiums (see instructions)	13	·	1	
	14	Investment interest. Attach Form 4952 if required, (See			43	
		instructions.)	14	·		
D. P		Add fines 10 through 14			15	44,150
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or more,	1.5		33.4	
Charity		see instructions	16	14,699		
If you made a	7.6	Other than by cash or check. If any gift of \$250 or more, see			1.3	
gift and got a penefit for it.	40	instructions. You must attach Form 8283 if over \$500	17		3.7	
see Instructions.	10	Carryover from prior year	18		Att	* 4 . 600
Casualty and	1.47	Add lines 16 through 18			19	14,699
Theft Losses	20	Casualty or their loss(es). Attach Form 4684. (See Instructions.)			20	
		Unreimbursed employee expenses—job travel, union dues,			20	
and Certain	A . (job education, etc. Attach Form 2106 or 2106-EZ if required.				
Miscellaneous		(See instructions.)	-71		\$21 E	
Deductions		1-11811-1-148-11-1-1-1-1-1-1-1-1-1-1-1-1	21	·	- 4	
paddenona		Tax preparation fees	22			
	23	Other expenses—investment, safe deposit box, etc. List type				
		and amount	1		V 1	
		***************************************	23	the state of the s		
	24	Add fines 21 through 23	24			
	25	Enter amount from Form 1040, line 38 25	·			
		Multiply line 25 by 2% (.02)	26	·····		
C+L		Subtract line 26 from line 24. If the 26 is more than line 24, enter -0-			27	
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount		***************************************	28	
Total	29	Add the amounts in the far right column for lines 4 through 28. Also, 4	onter this	e amount		
Itemized		on Form 1040, line 40			29	66,070
Deductions	30	If you elect to itemize deductions even though they are less than your	signda:	d		30,070
		deduction check here	. gening)	- ▶ □	1.	
For Paperwork Re	duct	ion Act Notice, see Form 1040 instructions.			Sched	uie A (Form 1040) 2011

SCHEDULE B			Interest and Ordinary Dividends					
(Form 1040A	or 10	140)	Altaion with Stationary					
Department of the Internal Revenue S	Treasu ervice	ry (SB)	► Attach to Form 1040A or 1040. ► See instructions on back.		Attachment Sequence		08	
Name(s) shown on			የድግሞ አያምነ ግዛም ነው ነው ምሳ እን የተደረጓት የነፃ ቁላጭ <u>ዓ</u> ሎ	Your to	cial security nu			
THOMAS	J		KIMBERLY D. BUCHANAN		-81.			
Part I	1		ne of payer, if any interest is from a seller-financed mortgage and the sed the property as a personal residence, see instructions on back and list		Airiot	1111		
Interest			rest first. Also, show that buyer's social security number and address >	į				
			RUST BANK				26	
		.7.7.7.		-				
(See instructions								
on back and the								
instructions for								
Form 1040A, or Form 1040,				1				
line 8a.)								
·				-				
Note, If you								
received a Form 1099-INT, Form								
1099-OID, or								
substitute				_	· · · · · · · · · · · · · · · · · · ·			
statement from a brokerage firm,								
list the firm's								
name as the	2	Add the	amounts on line 1	2			<u> 26</u>	
payer and enter the total interest	3	Excluda	ble interest on series EE and I U.S. savings bonds issued after 1989.					
shown on that			Form 8815	3				
form.	4		t line 3 from line 2. Enter the result here and on Form 1040A, or Form					
-		1040, iir		4			<u> 26</u>	
		, .	is over \$1,500, you must complete Part III.		Amoi	ınt		
Part II	5	List nam	e of payer 🕨	ļ				
Ordinary					***************************************			
Ordinary				<u> </u>				
Dividends	•			<u> </u>				
(See instructions on back and the				. –				
instructions for				ļ				
Form 1040A, or			***************************************					
Form 1040,				-				
line 9a.)				5				
Note. If you			······································	-				
received a Form			**************************************	-	 			
1099-DIV or substitute			ground the companies of	-				
statement from								
a brokerage firm,				-				
list the firm's name as the				<u> </u> -				
payer and enter	6	Add the	amounts on line 5. Enter the total here and on Form 1040A, or Form					
the ordinary	٠	1040, lin		6				
dividends shown on that form.	More	-	is over \$1,500, you must complete Part III.					
1	, ,,,		plete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a		1	7		
			it; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		Y	2S	No	
Part III			me during 2011, did you have a financial interest in or signature authority over a financial	~~~		100	1.5	
			(such as a bank account, securifies account, or brokerage account) located in a foreign					
Foreign			See instructions		L		_X_	
Accounts		If "Yes,"	are you required to file Form TD F 90-22.1 to report that financial interest or signature				100	
and Trust	S	authority	? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to		l	1		
(See	-	those re	quirements					
instructions on	b		e required to file Form TD F 90-22.1, enter the name of the foreign country where the		Ţ.		•	
back.)		financial	account is tocated		Ī		v	
			011, did you receive a distribution from, or were you the grantor of, or transferor to, a					
			rust? If "Yes," you may have to file Form 3520. See instructions on back				X	
For Paperwork i					orm 1040A	or 104	10) 2011	

	HEDULE C			Profit or L	055	From E	3usir	ress			OMB No.	1545-0074
(Fo	rm 1040)			(Sol	e Pro	prietorship	1)				20	111
Department of the Treasury Internal Revenue Service (99) For information on Schedule C and its instructions, go to www.irs.gov/schedule C and its instructions, go to www.irs.gov/schedule Attach to Form 1040, 1040NR, or 1041; partmerchips generally must file Form 1085.					Sequence No. 09							
	of proprietor								Social		tumber (SSR)	
T	<u>HOMAS J. BUC</u>			**************************************						_	-8151	
A	Principal business or pu INTERNET AD			product or service (see in AND RETAIL	structic	ins)	-			iter code 448	from Instruction 3120	à
C	Business name. If no s	eparate busine	ess na	ama, leave blank.					D Er	noloyer IC) number (EIN), (see instr.)
	VISION MARK	ETING,	LLC	1					2	0-55	03165	
E				no.)▶ 6484 K] de KNOXVII					9			***********
F	Accounting method:	(1) X	Casi	th (2) Accrual Accrual	(3)	Other (specify	1				
G	Did you "materially parti	icipate" in the	opera	ation of this business during	u 2011	? If "No." s	ee inst	ructions for limit or	losses	······	X Yes	No
Н				ing 2011, check here								
ł	Did you make any pays	nents in 2011 t	that v	would require you to file Fo	rm(s)	10997 (see	instruc	tions)			Yes	X No
1	If "Yes," did you or will	you file all requ	ired	Forms 1099?						,., <u>.,</u>	Yes	No
Pa	irt 🔛 Income											
1a	Merchant card and third par	rty payments, For	r 2011	, enter -0-			1a		0			
þ	Gross receipts or sales	not entered or	ı line	1a (see instructions)			1b					
c	Income reported to you	on Form W-2	if the	"Statutory Employee" box	on					談		
	that form was checked.	Caution. See	instr	before completing this lin	e		10			1858		
ď	Total gross receipts.	Add lines 1a th	roug!	1 te						10		
2	Returns and allowances	s plus any other	er ad	justments (see instructions	·}					2		
3	Subtract line 2 from line	1d		*******************						3		
4	Cost of goods sold (from	n line 42)					,,,,			4		
5	Gross profit. Subtract I	line 4 from line	3				******	,		5		0
6	Other income, including red	erai and state ga	ISOIITE	or fuel tax credit or refund (s	e instri	ictions)				6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7	Gross income. Add in	es and o	مقطيقة. ا	Enter expenses for	<u> </u>		<u> </u>		p	7 1		0
8	rt II Expenses		a	Ciner expenses for	18			(see instructions)		18		
9	Advertising Car and truck expenses				19			ofit-sharing plans		19		
•	•	,	9	,	20			ee instructions):	*****	1		
10	instructions) Commissions and fees	·	10		a			nery, and equipme	ent	20a		
11	Contract labor (see Inst		11		b			property		20b		
12	Depletion		12		21	Repairs a	and ma	intenance		21	·	
13	Depreciation and section			**************************************	22	Supplies	(not inc	duded in Part III)		22		
	expense deduction (not				23			ses		23		
	included in Part III) (see instructions)		13	83	24	Travel, m	eals, a	nd entertainment		9 A)	**********	
14	Employee benefit progr				a					24a		
	(other than on line 19)		14		b	Deductible	. ,				,	
15	Insurance (other than h	ealth)	15			entertainm	nent (s	ee instructions)		24b		
16	Interest:				25					25		
а	Mortgage (paid to banks	s, etc.)	16a	***	26	Wages (k	ess en	ployment credits)		26		
b	Other		16b									
			į		27a	Other exp	oenses	(from line 48) ,		27a		
17	Legal and professional	services .	17		b	Reserved	for fu	nture use		27b		
28	Total expenses before	expenses for b	busin	ess use of home. Add line	s 8 thr	ough 27a				28		83
29	Tentative profit or (loss).						.,,,,,			29		<u>-83</u>
30				Form 8829. Do not report suc	th expe	nses elsewhe)Te			30		
31	Net profit or (loss). Su											
				12 (or Form 1046NR, lin	-				٦			24
	•		ee in	str. Estates and trusts, en	ter on	Form 1041	, line 3	J.	Ì	31		-83
	★ If a loss, you must go		a.			Latera de						
32	•			cribes your investment in the				•	٦		₩	
				m 1040, line 12, (or Form 10		•			-	32a		vent is at risk.
	•			uctions for line 31. Estates and			m 1047	, 11n0 S.		32b		stment is not
				m 6198. Your loss may be		U.					at risk.	40.10.00
For F	aperwork Reduction A	ct Notice, see	Aon	r tax return instructions.						Sche	edule C (Forn	n 1040) 2011

DAA



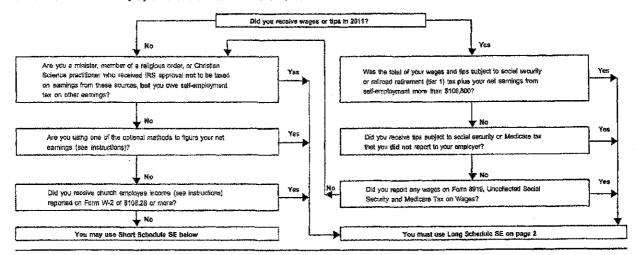
	SCHEDULE C Profit or Loss From Business							OMB No. 1545-0074				
(Fo	(Form 1040) (Sole Proprietorship)							2011				
Dapad	tment of the Treasury at Revenue Service (99)	≯ For		mation on Schedule C a Attach to Form 1840, 1840NR,					chedu	ilec	Altachment Sequence No	. 09
***********	of proprietor		·						Saci	d security r	umber (SSN)	
	THOMAS J. BUCHANAN										8151	
A	Principal business or p RETAIL - CI			product or service (see in	structio	ons)			В	Enter code	from Instructions	
С	Business name. If no							14.1	D		D number (EIN), (se	se (netr.)
	BELLA BOUT	QUE							<u> </u>		723905	
E	Business address (incl City, town or post office			nc.)▶ 6484 KI te KNOXVII		TON P	IKE.	TN 3791	9			
F	Accounting method:	(1) X	Cas			Other (s	specify) 				The state of the s
G	Did you "materially par	rticipate" in the c	pera	ation of this business during	2011	? If "No," si	e inst	ructions for limit o	ioss	es	X Yes	☐ No
Н	If you started or acquir	red this business	s du	ing 2011, check here							▶ ∐	
1	Did you make any pay	ments in 2011 t	hat 1	would require you to file Fo	rm(s)	1099? (see	instruc	ctions)			Yes	X No
J	If "Yes," did you or will	you file all requ	rired	Forms 1099?							Yes	No
Pa	art i Income											
1a	Merchant card and third p	arty payments. For	2011	l, enter -0-			1a			0		
b	Gross receipts or sales	s not entered on	line	1a (see instructions)			1b	1,025	33	4		
¢				"Statutory Employee" box								
	that form was checked	i. Caution. See	instr	. before completing this lin	e		1c					
d	Total gross receipts.	Add lines 1a th:	rougi	110						1d	1,02	5,334
2	Returns and allowance	as plus any othe	ar ad	justments (see instructions)					2		5,144
3	Subtract line 2 from lin	e 1d			- , ,					3	1,02	0,190
4	Cost of goods sold (fro	m line 42)	••••				111111			4	37	2,656
5	Gross profit, Subtract	line 4 from line	3		,			***************************************		5	64	7,534
6	Other income, including fe	deral and state ga	soline	or fuel tax credit or refund (so	e Instr	uctions)				6		
7	Gross Income. Add lis	nes5 and 6						المراوح فرفوا والأخراء والمراورون	Þ	7	64	7,534
Pa	irt II Expenses			Enter expenses for	busin	less use	of yo	our home only	on	ine 30.		
8	Advertising		8	24,035				(see instructions)				
9	Car and truck expense				19	Pension a	nd pro	ofit-sharing plans		19		
7	instructions)		9		20	Rent or le	ase (s	ee instructions):		983		
10	Commissions and fees	3	10		· a	Vehicles,	machir	nery, and equipme	ent .	20a		8,475
11	Contract labor (see in:		11	11,872	b	Other bus	iness	property		20b	1,2	4,343
12	Depletion	E	12		21	Repairs a	nd ma	intenance		21	1	5,213
13	Depreciation and section	on 179			22	Supplies (not inc	duded in Part III)		22		7,857
	expense deduction (no				23	Taxes and	i licen:	ses		23		5,098
	included in Part III) (se instructions)		13	3,209	24			nd entertainment:	,	49.0		
14	Employee benefit prog				a	Travel				24a		4,510
	(other than on line 19)		14		b	Deductible	meal	s and			-	
15	Insurance (other than	health)	15	5,475		entertainm	ient (s	ee instructions)		24b		1,387
16	Interest				25	Utilities				25	1	3,527
a	Mortgage (paid to ban)	ks, etc.) 1	lêa		26	Wages (le	es en	ployment credits)		26	6	4,851
b	Other	1	6b	21,242								
					27a	Other exp	enses	(from line 48)		27a	6	8,383
17	Legal and professional		17	5,617		Reserved				27b		
28	Total expenses before	e expenses for b	าเรเก	ess use of home, Add line	s 8 thr	ough 27a			>	28	38	6,094
29	Tentative profit or (loss			P 						29	26	1,440
30	Expenses for business use	e of your home. At	tach l	Form 8829. Do not report suc						30		
31	Net profit or (loss). S	ubtract line 30 fi	rom	ine 29.								
	• If a profit, enter on b	oth Form 1040,	line	12 (or Form 1040NR, lin	e 13) a	and on Sche	edule :	SE, line 2.	_	ካ		
				str. Estates and trusts, en						31	26	1,440
	• If a loss, you must g	jo to line 32.		"					-	ــــــــــــــــــــــــــــــــــــــ		
32	If you have a loss, che	ck the box that	dese	orlbes your investment in ti	nis act	ivity (see in:	structio	ns).	-	٦		
				m 1040, line 12, (or Form 10				•		32a	All investme	ant is at risk.
	•			uctions for line 31. Estates and				· · · · · · · · · · · · · · · · · · ·		32b	Same Invest	
				m 6198. Your loss may be				•	-	1	at risk.	
For I	······································			r tax return instructions.						Sche	edule C (Form	1040) 2011

	HOMAS J. BUCHANAN	81	51	_	_
	edute C (Form 1040) 2011 RETAIL - CLOTHING & ACCESSORIES art III Cost of Goods Sold (see instructions)			P:	ige 2
33	Method(s) used to value closing inventory: a X Cost b Lower of cost or market c Other (attach explana)	ion)	······································		, , _ ,
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		Yes	X	No
35	Inventory at beginning of year, If different from last year's closing inventory, attach explanation			98,6	59
36	Purchases less cost of items withdrawn for personal use	\$6	* 4 3	86,4	11
37	Cost of labor. Do not include any amounts paid to yourself	37	.,		
38	Materials and supplies	38			
39	Other costs	39			
40	Add lines 35 through 39	1 1	4	85,0	70
41	Inventory at end of year			12,4	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 Information on Your Vehicle. Complete this part only if you are claiming car or truck	42	3	72,6	56
43	file Form 4562. When did you place your vehicle in service for business purposes? (month, day, year) ▶		-		
14 a	Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for: Business b Commuting (see instructions) c Other				
15	Was your vehicle available for personal use during off-duty hours?		Yes		No
16 17-	Do you (or your spouse) have another vehicle available for personal use?		Yes	\sqcup	No
₩ b	Do you have evidence to support your deduction? If "Yes," is the evidence written?		Yes Yes	H	No No
	In Yes, is the evidence written? Other Expenses. List below business expenses not included on lines 8-26 or line 30.	 	1 163		NO
	ELEPHONE	,		6,5	74
Di	JES & SUBSCRIPTIONS			6,7	
.EZ	OSTAGE & FREIGHT ANK CHARGES	···		5,7	
	ANK CHARGES ECURITY			4,4	$\frac{34}{23}$
	JTO EXPENSES			6,0	60
ME	erchant fees			38,8	08
• • • •		}-			·
		····· -			******
	······································				
8	Total other expenses. Enter here and on line 27a	48		68,3	

Sch	edule E (F	om 1040) 2011					Attac	ment Sec	uence	No. 13		Page 2
~~	Name(s) shown on return. Do not enter name and social security number if shown on other side.						······································			urity numb		
r	ማመጣለው ርን	J. & KIMBERLY	ሆኔ ፣ ን ኮተ/ሚኒያክክኒክ እን					ž.		8151		
-		IRS compares amounts repor		amounts show	n on Sched	ule(s) K-	1,			<u> </u>		
-	art II	Income or Loss Fron eny amount is not at risk, y	Partnerships and	S Corporati	ons Note	. If you re	port a lo				or which	
	unallowed	porting any loss not allowed in loss from a passive activity (I	f that loss was not reporte	d on Form 858	2), or unrein	nbursed	ır		Ye	s X	No	
	pannersnir	expenses? If you answered	"Yes," see instructions be	tore completing		n. ≚nter P for	(c) Check	if to	n Employ	er T	(e) C	eck if
28		(a) Name		part for S	nership; S corporation	foreign partnershi	id	lentificatio number	n	any an not :	ipunt is
<u>A</u>	YAZ					P			5345			
C	YAZ		STATE			P P			5345 5345			┥
0	1111		STATE			P			534!			1
		Passive Income and				Nonp	assive (r	сотте апс	Loss			
		Passive loss allowed th Form 8582 if required)	(g) Passive income from Schedule K-1		npassive loss chedula K-1			179 expense Imm Form 45		•	npassive i Schedule	
<u>A</u>						0						
<u>B</u>		en e	<u> </u>		1,6	09						
<u>C</u>		**************************************			1,6							
29a	Totals	THE STREET STREET		8555			We had	\$250				
b	Totals		Attach, Marie 1888		3,2						1135.44	
30	Add colu	mns (g) and (j) of line 29a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					30	·		,218
31 32	Total na	mns (f), (h), and (i) of line 29 rtnership and S corporation	income or Bossi Comb	ine lines 30 ani	d 31 Enter	the			31	\		1210
		ere and include in the total on				<u> </u>			32		- 3	,218
.Pa	art III	Income or Loss Fron	Estates and Trusts	5		***********						
33		terrolden skilv v saktilligandrakt kan allkrightagan de venn e	(a) Name				·	÷			imployer tion numb	er .
A B					·-/				 		····	
	A CONTRACTOR OF THE PARTY OF TH	Passive Incom	e and Loss									
					F		Nonpas	ive Incom	e and	Loss	., :	
-	(attac	ve deduction or loss allowed h Form 8582 if required)	(d) Passive inco from Schedule I				Nompassion or loss adule K-1	ive Incom	e and	(f) Other	Income fro	m
<u>A</u>	(Allac						tion or loss	ive Incon	ne and	(f) Other	Income fro	m
В		h Form \$682 if required)				from Seh	tion or loss edule K-1		ne and	(f) Other	Income fro	m
B 34a	Totals		from Schedule I	K-1		from Seh	tion or loss edule K-1			(f) Other Sche	Income fro	
В	Totals Totals	h Form \$882 if required)	from Schedule I	K-1		from Seh	tion or loss edule K-1			(f) Other Sche	Income fro	
34a b	Totals Totals Add colu	h Form 3592 if required) mns (d) and (f) of line 34a	from Schedule I	K-1		from Seh	tion or loss edule K-1		**************************************	(f) Other Sche	Income fro	
34a b 35	Totals Totals Add colui Add colui Total esc	mns (d) and (f) of line 34amas (c) and (e) of line 34bmas and trust Income or (lo	from Schedule I	K-1	result here :	from Sch	tion or loss adule K-1		35 36	(f) Other Sche	Income fro	
34a b 35 36 37	Totals Totals Add colui Add colui Total est	mns (d) and (f) of line 34a mns (c) and (e) of line 34b at and trust Income or (lo the total on line 41 below	from Schedule I	f 36, Enter the	result here	from Sch	tion or loss adule K-1		35 36 37	(f) Other Sche	Income fro duts K-1	
34a b 35 36 37	Totals Totals Add colui Add colui Total esc	mns (d) and (f) of line 34a mns (c) and (e) of line 34b tate and trust Income or (lo the total on line 41 below Income or Loss Fron	ss). Combine lines 35 and	i 36. Enter the	result here :	from Seh	tion or loss edule K-1	s)—Resi	35 36 37	(f) Other Scha	Income fro duts K-1	
34a b 35 36 37	Totals Totals Add colui Add colui Total est	mns (d) and (f) of line 34a mns (c) and (e) of line 34b at and trust Income or (lo the total on line 41 below	from Schedule I	i 36. Enter the	result here :	from Seh	tion or loss adule K-1)—Resi	35 36 37	(f) Other Sche	Income freduts K-1	
34a b 35 36 37	Totals Totals Add colui Add colui Total est include in	mns (d) and (f) of line 34a mns (c) and (e) of line 34b tate and trust Income or (lo the total on line 41 below Income or Loss Fron	ss). Combine lines 35 and Real Estate Morio (b) Employer Identification number	i 36. Enter the	result here : nent Cor usion from 1, line 2c ctrons)	and duits (d) Te	pon or loss adule K-1 REMIC)—Resi	35 36 37 dual	(f) Other Sche	Income freduts K-1	
B 34a b 35 36 37 P: 38	Totals Totals Add colui Add colui Total est include in	mns (d) and (f) of line 34a mns (c) and (e) of line 34b ate and trust Income or (lo the total on line 41 below Income or Loss From (a) Name	ss). Combine lines 35 and Real Estate Morio (b) Employer Identification number	i 36. Enter the	result here : nent Cor usion from 1, line 2c ctrons)	and duits (d) Te	pon or loss adule K-1 REMIC)—Resi	35 36 37 dual	(f) Other Sche	Income freduts K-1	
B 34a b 35 36 37 Pi 38 9 Pi 40	Totals Totals Add colui Add colui Total est Include ir art IV Combine art V Net farm	mns (d) and (f) of line 34a mns (c) and (e) of line 34b mas (c) and (e) of line 34b mas (c) and ine 41 below Income or Loss From (a) Name columns (d) and (e) only. En Summary rental income or (loss) from	ss). Combine lines 35 and Real Estate Mortor (b) Employer Identification number ter the result here and ind	i 36. Enter the lage Investm (c) Excess instruction (see instruction in the total de line 42 below	result here : nent Cor usion from 1, line 2c ctrons) on line 41	and Adults (d) To from below	REMIC: xable income	S)—Resi c (nat loss) D, line th	35 36 37 dual	(f) Other Sche	Income from	35
B 34a b 35 36 37 Pr 38 40 41	Totals Totals Add colun Add colun Total est include in art IV Combine art V Net farm Total inco	mns (d) and (f) of line 34a mns (d) and (e) of line 34b mas (c) and (e) of line 34b mas (c) and ine 41 below Income or Loss From (a) Name columns (d) and (e) only. En Summary rental income or (loss) from the or (loss). Combine lines 26,	ss). Combine lines 35 and Real Estate Morto (b) Employer Identification number ter the result here and ind Form 4835. Also, complete 32, 37, 39, & 40. Enter the res	i 36. Enter the lage Investm (c) Excess include in the total lage in the total lage line 42 below sult here & an For	result here : nent Cor usion from 1, line 2c ctrons) on line 41	and Adults (d) To from below	REMIC: xable income	S)—Resi c (nat loss) D, line th	35 36 37 dual	(f) Other Sche	Income freduts K-1	85
B 34a b 35 36 37 Pi 38 9 Pi 40	Totals Totals Add coluit Add coluit Total essi Include in art IV Combine art V Net farm Total inco Reconcil	mns (d) and (f) of line 34a mns (c) and (e) of line 34b mas (c) and (e) of line 34b mas (c) and ine 41 below Income or Loss From (a) Name columns (d) and (e) only. En Summary rental income or (loss) from	ss). Combine lines 35 and Real Estate Mortor (b) Employer Identification number ter the result here and ind	i 36. Enter the age Investm (c) Excess inches Schedules (see instruction of the total age in the total age line 42 below suit here & on Forces	result here : nent Cor usion from 1, line 2c ctrons) on line 41	and Adults (d) To from below	REMIC: xable income	S)—Resi c (nat loss) D, line th	35 36 37 dual	(f) Other Sche	Income from	35
B 34a b 35 36 37 Pr 38 40 41	Totals Totals Add coluit Add coluit Total ess Include in art IV Combine art V Net farm Total inco Reconcil farming a (Form 10	mns (d) and (f) of line 34a mns (c) and (e) of line 34b ate and trust Income or (lo the total on line 41 below. Income or Loss From (a) Name columns (d) and (e) only. En Summary rental income or (loss) from mne or (loss). Combine lines 26, lation of farming and fishing income reported o. 65), box 14, code B; Schedul	ss). Combine lines 35 and Real Estate Morig (b) Employer Identification number ter the result here and ind Form 4835. Also, complet 32, 37, 39, & 40. Enter the result income form 4835, line 7; Schee In Form 4835, line 7; Schee K-1 (Form 1120S), box	i 36. Enter the i age Investin (c) Excess inci- Schedules G (see instru- fluide in the total te line 42 below sult here & an For- oss adule K-1 17, code	result here : nent Cor usion from h, line 2c ctions) On line 41	and duits (d) to from below.	REMIC: xable income	S)—Resi c (nat loss) D, line th	35 36 37 dual	(f) Other Sche	Income from	35
B 34a b 35 36 37 Pr 38 40 41	Totals Totals Add coluit Add coluit Total essinctude include in art IV Combine art V Net farm Total inco Reconcilifarming a (Form 10 U; and S	mns (d) and (f) of line 34a mns (c) and (e) of line 34b ate and trust Income or (lo the total on line 41 below. Income or Loss From (a) Name Columns (d) and (e) only. En Summary rental income or (loss) from the or (loss) continue the or (loss) from the or (trom schedule to the from schedule to the sche	i 36. Enter the i age Investin (e) Excess incl Schedules G (see instru- fude in the total te line 42 below sult fiere & on For- sult fi	result here : nent Cor usion from h, line 2c ctions) On line 41	and Adults (d) To from below	REMIC: xable income	S)—Resi c (nat loss) D, line th	35 36 37 dual	(f) Other Sche	Income from	35
34a b 35 36 37 Pi 38 Pc 40 41 42	Totals Totals Add coluit Add coluit Total essi Include in art IV Combine art V Net farm Total inco Reconcil farming a (Form 10 U; and S Reconcil profession anywhere	mns (d) and (f) of line 34a mns (c) and (e) of line 34b ate and trust Income or (lo the total on line 41 below. Income or Loss From (a) Name columns (d) and (e) only. En Summary rental income or (loss) from mne or (loss). Combine lines 26, lation of farming and fishing income reported o. 65), box 14, code B; Schedul	ss). Combine lines 35 and to Real Estate Mortg (b) Employer Identification number ler the result here and income. Enter your grown Form 4835. Also, complet 32, 37, 39, & 40. Enter the result here and income. Enter your grown Form 4835, line 7; Schee K-1 (Form 1120S), box at 14, code F (see instructions of loss) you were a retent income or (loss) your from all rental real estimated.	i 36. Enter the i age Investir (c) Excess inci- Schedules G (see instru- flude in the total te line 42 below sult here & an For sedule K-1 17, code ons) al estate us reported state activities	result here : nent Cor usion from I, line 2c ctions) on line 41	and duits (d) to from below.	REMIC: xable income	S)—Resi c (nat loss) D, line th	35 36 37 dual	(f) Other Sche	Income from	35

SCHEDULE SE Self-Employment Tax (Form 1040) Department of the Treasury Internal Revenue Service Attach to Form 1040 or Form 1040NR. See separate instructions. Name of person with self-employment income (as shown on Form 1040) Social security number of person with self-employment income > BUCHANAN Before you begin: To determine if you must file Schedule SE, see the instructions. May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note, Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A-Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form		
	1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve		
	Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065),		•
	box 14, code A (other than farming); and Schadule K-1 (Form 1065-8), box 9, code J1.		
	Ministers and members of religious orders, see instructions for types of income to report on	'	
	this line. See instructions for other income to report	2	261,357
3	Combine lines 1a, 1b, and 2	3	261,357
4	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do		
	not file this schedule unless you have an amount on line 1b	4	241,363
	Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b,		
	see instructions.		
5	Self-employment tax, if the amount on line 4 is:		
	 \$106,800 or less, multiply line 4 by 13.3% (.133). Enter the result here and on Form 1940, line 56, 	1	
	or Form 1040NR, line 54	•	
	 More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$11,107.20 to the result. 		
	Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54	5	18,107
6	Deduction for employer-equivalent portion of self-employment tax.	14.0	
	If the amount on line 5 is:	, , ,	
	• \$14,204.40 or less, multiply line 5 by 57.51% (.5761)		
	More than \$14,204.40, multiply line 5 by 50% (.50) and add		
	\$1,067 to the result.	ł	
	Enter the result here and on Form 1040, line 27, or Form		
	1040NR, line 27 6 10,121		

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2011

6251 Alternative Minimum Tax-Individuals OMB No. 1545-0074 See separate instructions. Department of the Treasury Attach to Form 1040 or Form 1040NR. Internal Revenue Service Name(s) shown on Form 1040 or Form 1040NR THOMAS J. & KIMBERLY D. BUCHANAN Alternative Minimum Taxable Income (See instructions for how to complete each line. 1 If filling Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the 157,322 amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.) 2 Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-..... 3 Taxes from Schedule A (Form 1040), line 9 4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line 5 Miscellaneous deductions from Schedule A (Form 1040), line 27 6 Skip this line. It is reserved for future use 7 Tax refund from Form 1040, line 10 or line 21 8 Investment interest expense (difference between regular tax and AMT) 9 Depletion (difference between regular tax and AMT) 9 10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount 10 11 Alternative tax net operating loss deduction 12 Interest from specified private activity bonds exempt from the regular tax 12 13 Qualified small business stock (7% of gain excluded under section 1202) 13 14 Exercise of incentive stock options (excess of AMT income over regular tax income) 14 15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 15 16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) 16 17 Disposition of property (difference between AMT and regular tax gain or loss) 18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) -721 19 Passive activities (difference between AMT and regular tax income or loss) 20 Loss limitations (difference between AMT and regular tax income or loss) 20 471 21 Circulation costs (difference between regular tax and AMT) 22 Long-term contracts (difference between AMT and regular tax income) 23 Mining costs (difference between regular tax and AMT) 24 Research and experimental costs (difference between regular tax and AMT) 24 25 Income from certain installment sales before January 1, 1987 25 26 Intangible drilling costs preference 26 27 Other adjustments, including income-based related adjustments 27 28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filling separately and line 28 is 163,351 more than \$223,900, see instructions.) Part II Alternative Minimum Tax (AMT) 29 Exemption. (If you were under age 24 at the end of 2011, see instructions.) IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . . Single or head of household \$112,500 Married filing jointly or qualifying widow(er) 150,000 Married filing separately 29 75,000 37,225 71,112 If line 28 is over the amount shown above for your filing status, see instructions. 30 Subtract line 29 from line 28. If more than zero, go to line 31, if zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34 92,239 31 • If you are filing Form 2555 or 2555-EZ, see Instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as religured 23,982 31 for the AMT, if necessary), complete Part III on the back and enter the amount from line 54 here. All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filling separately) from the result. 32 Alternative minimum tax foreign tax credit (see instructions) 33 Tentative minimum tax. Subtract line 32 from line 31 33 23,982 34 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47), if you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured

without using Schedule J (see instructions)

35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45

For Paperwork Reduction Act Notice, see your tax return instructions.

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Form 6251 (2011)

Depreciation and Amortization OMB No. 1545-0172 4562 (Including Information on Listed Property) Department of the Treasury Attach to your tax return. See separate instructions. Internat Revenue Service Name(s) shown on return THOMAS J. & KIMBERLY D. BUCHANAN Business or activity to which this form relates CLOTHING & ACCESSORIES RETAIL -Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part Maximum amount (see instructions) 500,000 Total cost of section 179 property placed in service (see instructions) 300 Threshold cost of section 179 property before reduction in limitation (see instructions) ... 000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-0 500 000 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) 6 PRINTER 100 100 COMPUTER 200 Listed property. Enter the amount from line 29 7___ 300 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 300 9 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 439 11 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 300 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2011 909 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (business/irvestment use (4) Recover (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction period priy-see instructions) 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property S/L Residential rental S/L 27.5 yrs property 27.5 yrs. MM S/L Nonresidential real MM 39 yrs. S/L property MM 8/(Section C-Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life 57 b 12-year 12 yrs. c 40-year RABA S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 21 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

For Paperwork Reduction Act Notice, see separate instructions.

and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

.209

Form 4562 (2011)

Federal Statements 8151 Statement 1 - Form 1040. Line 21 - Other Income Description Amount MON CHERI BRIDALS, LLC MON CHERI REPORTED 62-1723905 40,805 -40,805 TOTAL

Form 1040	es Tax Deduction Worksheet	201	0 (- 9) 1.636
Name as shown on return THOMAS J. & KIMBERLY D. BUCHANAN	7	Taxpaver Identification -8151	Vumber
State of TENNESSEE	Locality of KNOXVILLE (2.25)		
Genera	al Sales Tax from IRS Tables		
Enter the amount of adjusted gross income (AGI) from Form		1. 223	392
Add the nontaxable amounts from Form 1040, lines 8b, 15a.	1 1040, Line 31	2.	, <u>,,,,,</u>
3. Add the following nontexable items: nontexable combat pay			
Also include any amounts which increase spendable income	e, such as the refundable portion of refundable tax cre	dits	
received in 2011		3.	183
 Add lines 1 through 3, this is income for general sales tax to 	able purposes	4. 223	,575
Enter the amount from the sales tax table in the Schedule A Participal residents complete lines 6 - 8: Full year res	A instructions,	54	.282
Part-year residents, complete lines 6 - 8; Full-year res and enter the amount from line 5 on line 9	sidents skip unes c - o		ļ
6. Enter the number of days of residence in state	6.		į
7. Total days in year	7,	365	
Divide line 6 by line 7 (rounded to at least 3 decimal places)	8		
9. Multiply line 5 by line 8, this is the deductible general sales t	tax using the IRS table.	92	,282
Local S	Sales Tax Using IRS Tables		······································
	•		222
10. Enter the amount from the sales tax table in the Schedule A	A instructions,		,282
 If you are a resident of Ataska, Arizona, Arkansas, California Louisiana, Missouri, New York State, North Carolina, South 	a (Los Angeles Courty Orty), Colorado, Georgia, Illinoi Caralina Tannaceae Litab or Virolinia enter	S	
the amount from the applicable Optional Local Sales Tax Ta	eble in the Schedule A instructions.	11.	
12. Enter the local general sales tax rate (exclude statewide local			
13. Enter the state general sales tax rate (include statewide local	al sales tax rate) 13 7.00	<u> </u>	
14. Divide line 12 by line 13 (rounded to at least 3 decimal place	es)	321	
15. If you entered an amount on line 11, multiply line 11 by line using the optional local sales tax tables.	12. This is the local sales tax		
Part-year residents, complete lines 16 - 18; Puli-year n	residents skin lines 16 - 18		j
and enter the amount from line 15 on line 19	CONTROL ON TO TO		1
If you did not enter an amount on line 11, multiply line 10 by	line 14. This is the local sales tax	15.	733
using the optional state and certain local sales tax tables.			
Part-year residents, complete lines 16 - 18; Full-year n	residents skip lines 16 - 18		
and enter the amount from line 15 on line 19			
16. Enter the number of days of residence in locality	16.		
17. Total days in year18. Divide line 16 by line 17 (rounded to at least 3 decimal place	17.	365	
19. Multiply line 15 by line 18. This is the deductible general loc	es) 18	19.	733
Gener	ral Sales Tax Summary		
20. Enter the sum of line 9 from all General Sales Tax Deduction	n Worksheets	20. 2	,282
Enter the sum of line 19 from all General Sales Tax Deduction	ion Worksheets	21.	733
Add lines 20 and 21, this is the total General Sales taxes usi	ing the tables	22. 3	,015
 Enter the actual state and local general sales taxes paid 		23.	
24. Enter the greater of line 22 or line 23		243	,015
25. Enter the state and local taxes paid on specified items (majo	or purchases)	25.	/\1E
26. Add lines 24 and 25, this is the deductible General Sales tex 27. Enter total state and local income taxes paid		263	,015

Enter the greater of line 26 or 27 on Schedule A, line 5, if line .	26 is greater, mark Schedule A, line 5b. If line 27 is gr	reater, mark Schedule A, li	ine 5a.

Manual Canada			The communication of the coll E		D, LOUIN 4/3/	À		107
S.J.	BUCHANAN					Texpayer Identification Number	cation Number	18151
Entity Name YAZCO			EN 20-5345584	15584		S.	Screen K1	-11
Entity Type PARITNERSHIP	100	l J	Passive Activity Type NOT P	PASSIVE			172	n of activity
	Current Year Amount	PY Suspended Basis Loss	Disallowed Basis Limitation	PY Suspended	Disallowed	PY Suspended	Disallowed	, Tax
Schedule E page 2					The transfer of the second	racoire 1020	Loss Limitation	Neturn
Ordinary business income/-loss					Andreas de la companya de la company		and the second second second	*
Net rental real estate incorne/loss	-1,609							4 500
Other net rental Income/Joss								600 tr
Guaranteed payments				1. C. C.	The second second			
Section 179 expense	Control of the Contro				كيزد ويمكسون مستقفات			
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Commonded materials and addition							はいきなっていまし	
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Reforestation expense deduct								
Other deductions								
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Other incloss - Schedule E							はなける。これは	
Debt financed acquisition								
Dependent care benefits								
Total Schedule E page 2	-1,609							-1,609
Schedule E page 1		Sec. 1535	Carrie Ages					4
Royalfies								
Deductions-rayalty income								
Depletion								
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Schedule B		The state of the s			The second			
Interest income			The state of the s					
Tax-exempt Interest income								
Dividend Income								
Qualified dividends (1040, Page 1)								
Schedule D/8949/6781		Control of the Contro		S. V	1000	A CONTRACTOR OF THE PARTY OF TH		7.
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Long-term capital gain/loss								
28% capital gain/-loss								
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4797 Part I								
4797 Part II			-					

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Name THOMAS O. B	BUCHANAN					Taxpayer Identification Number	ication Number	8151
Entity Name YAZCO			6	45584		7	Screen K1 X	K1 Juil 1
EMIN Type PARTINERSHIP	Cutrons Vene	Passive Act	F	PASSIVE			Entire disposition of activity	of activity
The second secon	Amount	Basis Loss	Basis Limitation	At-risk Loss	Usanowed At-risk Limitation	Py Suspended	Disallowed	Tax
Schedule E page 2								1000000
Ordinary business income/loss								÷.
Net rental real estate incomer-loss	-1,609							-1 509
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Guaranteed payments		The state of the s			25.00			
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Disallowed Section 179 expense		2000		4000		がはない。		
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Reforestation expense deduct								
Other deductions								
Unreimbursed expenses		7. Table 1	The second second		200			
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Depreciation pre '87								
Long-term contracts								
Research & experimental								
Tax sheller farm activities								
Large partnership adj (1065-8)	and All							
Frust adj for minimum tax	7							
Total Schedule in page 2	17,844							*1,844
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Form 1040 page 1					A COMPANY OF THE PARTY OF THE P			
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Other income/-loss								
Danstey for Aarts withdrawn	_							

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5	BUCHANAN		- 1			Taxpayer Identification Number	ation Number	8151
Entity Name YAZCO			EIN 20-5345584	15584		Ser	Screen K1	K1 Unit
Entity Type PARTNERSHIP		Passive Ac	Passive Activity Type NOT P	PASSIVE			Entire disposition of activity	n of activity
	Current Year Amount	PY Suspended Basis Loss	Disallowed Basis Limitation	PY Suspended Atrisk Loss	Disallowed At-risk I imitation	PY Suspended	Disallowed	Atternative Minimum
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Cash contributions (30%)								
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Cap gain prop (20%)							語の人名が名	
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Form 4684								77
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Form 4884 It loss income producing	***************************************							
Form 4684 st loss income producing								
Other deductions		The state of the s	The second secon		2. Cases - 1	Section Assessed	A Commence of the Commence of	مستريع مترين ويروي يرايين
Self-employed medical insurance			-		·	The state of the s		
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Schedule B/1040 Page 1		£224	وموسالي والمعادرا المتراقة	A STATE OF THE PARTY OF THE PAR	Line of the Control	والمساورة والمسا	يريم المراجعة المراجعة المراجعة المراجعة	
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Short-term capital gain/-loss								
Long-term capital gain/-loss								
28% capital gain/loss								
1256 contracts and straddles (6781)								
Form 4797 - Alternative Minimum Tax							Section 1	N. C.
4797 Part I								
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Minimum tax income or loss	-1,844							-1,844

Name KIMBERLY D. Entity Name YAZCO Entity Type PARTNERSHIP								
Entity Name YAZCO Entity Type PARTNERSHIP	BUCHANAN					Taxpayer identification Number	cation Number	79200
Entity Type PARTNERSHIP			EN 20-5345584	45584		28	Screen K1	K4 Unit 2
	<u> </u>	Passive Act	Passive Activity Type NOT P	PASSIVE			7	
	Current Year Amount	PY Suspended Basis Loss	Disallowed	PY Suspended	Disallowed	PY Suspended	Disallowed	, ax
Schedule E page 2					The state of the s	Sen alies	LV55 LIMITARIA	Emali
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Depletion								
Intangible drilling expensed								13.0
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Reforestation expense deduct								200
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Dependent care benefits								
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Schedule D/8949/6781				A CANADA TEACHER	1000 Carlo C	多人 主意的人	Service Contracts	
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Name KIMBERLY D.	BUCHANAN					Taxpayer Identification Number	cation Number	9200
			EIN 20-5345584	45584			Screen K1	Kri Unit 2
Entity Type PARTNERSHIP		Passive Activity	Type NOT	PASSIVE			Entire disposition of activity	
	Current Year	PY Suspended	Disallowed	PY Suspended	Disallowed		Disallowed	Yax
Schedule E page 2			TOWNS THE PROPERTY OF THE PROP	DIMINA LOGO	ALTISA LIFIKADON	Passive Loss	Loss Lemianon	Return
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Guaranteed payments	And the second s		11.00	The second second	66.00			
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Other incloss - Schedule F			The second secon					
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Dependent care expense					ではない。	語というながら	のではなりなる。	
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Depletion adjustment	the state of the s						では、対対が対対が対対	
Circulation expenditures								
Depreciation pre '87								
Long-term contracts								
Research & experimental				大きさん		である。		
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Large partnership adj (1065-B)		からなった。						
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Total Schedule E page 2	-1,845 1							-1,845
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Form 1040 page 1								1.24
Other portfolio incorne/-loss						Same.	A Company of the Comp	
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Name KIMBERLY D.	BUCHANAN					Taxpayer Identification Number	ation Number	-9200
Entity Name YAZCO			EN 20-5345584	45584		SCR	Screen K1	Kr Unit 2
Entity Type PARTNERSHIP		Passive Act	Passive Activity Type NOT P	PASSIVE			Entire disposition of activity	n of activity
	Current Year	PY Suspended	Disallowed Rasis Umitation	PY Suspended	Disallowed	PY Suspended	Disallowed	Alternative Minimus
Schedule A							ALUSO MINIESSAUIS	TO LANGE
Cash contributions (50%)				Commence of the second				
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Noncash contributions (60%)								
Noncash contributions (30%)								
Cap gain prop 50% ord (30%)			The same of the sa					
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Real estate taxes								
State income tax withheld								
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Investment int from 4952								,
Form 4952			N.					
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Other deductions			Control of the second of the s	The state of the same	100	And Carlotte Comment	All the second s	
Self-employed medical insurance								
Shareholder med ins not on Form WP	-04							
Dependent care benefits (Form 2441)								
Schedule B/1040 Page 1			The Charles			والمراكبين المراجعين كالكالم تتبار المساوقين		
Private activity bond interest						محمد جي دروم المراشيد من توليق كمرسوم	All Americans	
Sch D - Alternative Minimum Tax		Salar Sa					400 XXXXX	A. C.
Short-lerm capital gain/-loss								
Long-term capital gain/-loss								
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1256 contracts and straddles (6781)						200		
Form 4797 - Alternative Minimum Tax			Section of the second			and the state of t		A Company of the Comp
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Minimum tax Income or loss	-1,845							-1,845
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	Self-Employed Health Insurance Deduction Worksheet		2011
	e of person with self-employment income (as shown on Form 1040) HOMAS J. BUCHANAN	Taxo	ever Identification Number
	cription RETAIL - CLOTHING & ACCESSORIES Form/Schedule C		Unit number <u>3</u>
	Enter the total amount paid in 2011 for health insurance coverage established under your business for 2011 for you, your spouse, and your dependents. Your insurance can also cover your child who was under age 27 at the end of 2011, even if the child was not your dependent. But do not include the following. Amounts for any month you were eligible to participate in a health plan subsidized by your or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2011. Any amounts paid from retirement plan distributions that were nontaxable because you are a retired public safety officer. Any amounts you included on Form 8885, line 4. Any qualified health insurance premiums you paid to "U.S. Treasury-HCTC". Any health coverage tax credit advance payments shown in box 1 of Form 1099-H. Any payments for gualified long-term care insurance (see line 2). For coverage under a qualified long-term care insurance contract, enter for each person covered the smaller of the following amounts. Total payments made for that person during the year. Total payments made for that person during the year. \$440	1.	24,652
3	is covered, figure separately the amount to enter for each person. Then enter the total of those amounts Add lines 1 and 2	2.	24,652
	Enter your net profit and any other earned income from the trade or business under which the insurance plan is established. Do not include Conservation Reserve Program payments exempt from	3.	
_	self-employment tax. If the business is an S Corporation, skip to line 11	- 4. 	261,440
5 .	Enter the total of all net profits from: Schedule C, line 31; Schedule C-EZ, line 3; Schedule F, line 34; or Sch K-1 (106 box 14, Code A; plus any other income allocable to the profitable businesses. Do not include Conservation Reserve Program payments exampt from self-employment tax. Do not include any net losses shown on these schedules.	5), 5,	261,440
6.	Divide line 4 by line 5	6.	1.0000
7.	Multiply Form 1040, line 27, by the percentage on line 6	7.	10,121
8.	Subtract line 7 from line 4	8.	251,319
9.	Enter the amount, if any, from Form 1040, line 28 attributable to the same trade or business in which the health insurance plan is established	9.	
10,	Subtract line 9 from line 8	10.	251,319
11.	Enter your Medicare wages (Form W-2, box 5) from an S corporation in which you are a more-than-2% shareholder		
	and in which the health insurance plan is established	11.	
12.	Enter the amount from Form 2555, line 45, attributable to the amount entered on line 4 or 11 above, or		
	any amount from Form 2555-EZ, line 18, attributable to the amount entered on line 11 above	12.	
13.	Subtract line 12 from line 10 or 11, whichever applies	13,	251,319
	Self-employed health insurance deduction. Enter the smaller of line 3 or line 13 here and on Form 1040, line 29.		
	Do not include this amount in figuring any medical expense deduction on Schedule A (Form 1040)	14.	24,652

8151	Federal Statements	
Schedule A. Line	e 5b - State and Local General Sales Taxes	
Description	Amount	.
GENERAL SALES TAX TOTAL	\$ 3,015 \$ 3,015	
a C a Francis	9 3,013	
Schedule A. Line 1	0 - Home Mortgage Interest From Form 1098	
Description	Amount	
SUNTRUST BANK	\$ 44,150	
TOTAL	\$ 44,150	
Schedule A. Line 16	6 - Charitable Contributions by Cash or Check	
Description	Amount	
MISC CHARITABLE ORGANIZATIONS	\$ 14,699	
TOTAL	\$ 14,699	,
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8151		Fed	eral Stat	em	ents	4		·	
	Form 62	251, Line 18	- Post-1986	Dep	reciation A	diusi	ment		
	Nonpassiv	e Activity typ	e			A	mount		
DEPRECIATION	ADJUSTMENT	REPORT		.,	\$		-721		
TOTAL					\$		-721		
		Form 6251	. Line 20 - L	oss	Limitations	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>		· · · · · · · · · · · · · · · · · · ·
	Description		Form/ Sch		AMT Inc/Loss		Regular Inc/Loss		erence ne 21
AZCO			SCH E2	\$	-1.844	\$	-1,609	\$	-23
AZCO			SCH E2		-1,845		-1,609		-23
TOTAL				\$	-3,689	\$	-3,218	\$	-47

06/2-2013 12:32 #250 P.027/028



Federal Statements

RETAIL - CLOTHING & ACCESSORIES Form 4562, Line 11 - Business Income

Description	-	Amount
BUSINESS INCOME	\$	261,657
SCHEDULE E INCOME		-3,218
TOTAL BUSINESS INCOME	****	258,439

Form 8948

Preparer Explanation for Not Filing Electronically

OMB No. 1545-2200

Department of the Treasury internal Revenue Service Name(s) on tax return

► Altach to taxpayer's Form 1040, 1040A, 1040EZ, or Form 1041.

Attachment Sequence No. 173

THOMAS J. & KIMBERLY D. BUCHANAN ers identifying number 8151

Three out of four taxpayers now use IRS e-file. Go to www.irs.gov/efile for deta electronic filling include the following. Faster refunds More accurate returns Easter filing method	ils on using IRS e-file. The benefits of • E-payment options • Receipt acknowledged
Check the applicable box to indicate the reason this return is not being filed electronic	cally. Do not check more than one box.
1 Taxpayer chose to file this return on paper.	
2 The preparer received a waiver from the requirement to electronically file to	ne tax return.
Waiver Reference NumberA	proval Letter Date
3 The preparer is a member of a recognized religious group that is conscien	atiously opposed to filing electronically.
4 This return was rejected by IRS e-file and the reject condition could not be	resolved.
Reject code: Number of attempts	to resolve reject:
The preparer's e-file software package does not support Form attached to this return. The preparer's e-file software package does not support Form attached to this return.	or Schedule
6 Check the box that applies and provide additional information if requested.	
a The preparer is ineligible to file electronically because IRS e-file does not numbers who live and work abroad.	accept foreign preparers without social security
b The preparer is ineligible to participate in IRS e-file.	
c X Other: Describe below the circumstances that prevented the preparer from	n filing this return electronically.
THE IRS IS NO LONGER ACCEPTING ELECTRONIC	ALLY FILED RETURND FOR 2011.
·····	
• • • • • • • • • • • • • • • • • • • •	
For Paperwork Reduction Act Notice, see instructions.	Form 8948 (Rev. 12-2011)

Capital Financial Group, LLC 8320 E. Walker Springs Lane, Suite 100

Knoxville, TN 37923 Tel: 865-246-2955 FAX 865-246-1755



facsimile transmittal

			79							
Agent:	J. Todd Williams toddwilliams@fi	nancialguide.com								
То:	Christopher Murphy	Fax No:	781-304-5425							
From:	J. Todd Williams	Date:	6/25/2013							
Re:	Kim Buchanan	Pages:	35							
	Account # 037-1526-00									
· · · · · · · · · · · · · · · · · · ·	pakangan paga kahing kanggapa kapanga mana mendadak mendanggapanggapa mendena, mangapan kenyan distribuk malangkap dapi dapi dapi dapi dapi dapi dapi da									
	Mr. Murphy,									
	I am the writing agent for the Group LTD Account # 037-1526-00									
	Claimant: Kim Buchanan									
	Policyholder: Bella Boutique									
	I have attached the 2010 & 2011. Tax Returns for Tom & Kim Buchanan.									
	If you have any questions about t	the returns you	may call me directly on my							
	cell # 865-368-1946 and I will co	onference in th	e CPA Lori Bright and my							
	assistant Beth Beam so we can g	assistant Beth Beam so we can get this matter taken care of for the Buchanan's.								
na mahama e e e e da sayand pulgodina e e e e e e e e e e e e e e e e e e e	Thank you									
	J. Todd Williams	A Control of the Cont								



This fax transmission may contain information that is proprietary, privileged and/or confidential and is intended exclusively for the person(s) to whom it is addressed. Any use, coping, retention or disclosure by any person other than the intended recipient or the intended recipient's is strictly prohibited. If you have received this message in error, please notify the sender immediately by return fax and delete all copies.

08/20.2013 11:55

ATTN: Todd Williams



Sun Life and Health Insurance Campany (U.S.) * 175 Addison Road P.O. Box 725 Windsor, CT 06095-0725

June 21, 2013

Kim Buchapan Knoxville, TN. 37934 Via Federal Express

RE: Group Long Term Disability ("LTD") Account No.: 037-1526-00 Policyholder: Bella Boutique Claimant: Kim Buchanan

Dear Ms. Buchanan:

On Friday May 24, 2103, 3:27 pm, Digital Benefit Advisors emailed claim documents to us. These documents were received on Tuesday May 28, 2013, after the Memorial Day Holiday.

The email included a claim appeal request from Thomas Buchanan of Bella Boutique dated April 8, 2013, stating this letter is a request and authorization to appeal and re-open your LTD claim. The letter further states that 2009 and 2010 financial documentation was recently submitted to Sun Life so we can continue processing your disability claim. The letter additionally states that a copy of the initial Sun Life Application for Long Term Disability Benefits is attached and additional information Sun Life requested is attached.

The LTO claim denial letter dated February 14, 2012, outlined that you do not qualify as an Active Full-time Employee as defined by this policy. The claim liability determination letter outlined your Right to Appeal if you disagree with our decision, you may request in writing a review of the denial within 180 days after receiving the denial notice. A copy of the February 14, 2012, claim denial letter is attached.

Under ERISA claim regulations, a request for review must be made in writing by yourself or your authorized representative within 180 days after receiving the February 14, 2012, denial notice, on or around August 14, 2012.

Discussion:

This group insurance coverage was initially issued on the basis that each Employee's compensation is reported on a W2 for premium and benefit determination.

A basis of your LTD claim denial was that you could not produce employment records to include payroll records and W2s.

On June 12, 2013, Underwriting performed a case change correcting the Partner definition of earnings to K1. You have claimed that you are a Partner of a Partnership.

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This group insurance coverage has been revised insuring each Partner's compensation that is reported on the line which shows "not earnings (loss) from self-employment" from Schedule K-1 of the partnership income tax return form 1065 for the calendar year prior to the date your Period of Disability begins. Please refer to the Group Long Term Disability Certificate Last Printed June 12, 2013, for complete changes.

While the administrative claim record closed after not receiving a written appeal request from you on or around August 14, 2012, and you and your CPA have claimed that all of the income was allocated to your husband Tom, given the case change, we are willing to consider additional Proof relative to Active Full-time Employee and Proof of Loss, in relation to our February 14, 2012, claim denial.

We will require the following claim documentation be submitted within 30 days:

- Complete copy of the Partnership Agreement in place as of the December 1, 2004, coverage
 effective date, as well as complete copies of any updated Partnership Agreement since that time
- Complete copies of your 2009, 2010, 2011, and 2012 Individual Federal Income Tax Returns form 1040 to include all schedules to include but not limited to E and K1, as well as attachments, which were submitted to and accepted by the IRS
- Complete copies of your 2009, 2010, 2011, and 2012 Partnership Federal Income Tax Returns form 1065 to include all schedules and attachments which were submitted to and accepted by the IRS
- Detailed Monthly Business Income/ Expense Financial Statements for the period 01/01/2009 to present
- Partnership Savings/ Checking Account(s) Monthly Statements for the period 01/01/2009 to present
- Any other business or financial documents you wish us to consider

Apparent Claim Issues to be addressed;

- Whether or not you were an Active Full-time Employee being paid for such work in accordance with applicable Wage and Hour Laws;
- Whether or not you submitted Satisfactory Proof of Loss to support his Basic Monthly Earnings as defined;
- Whether or not your Sickness or Injury was the material and substantial factor in causing the
 earnings loss. A Sickness or Injury would not have a Demonstrated Relationship to a Disability
 if the earnings loss was produced primarily by causes which are not related to a Sickness or
 Injury;
- Whether or not you meet the definition of Total Disability or Partial Disability through the Elimination Period and beyond; and
- Whether or not you submitted Satisfactory Proof of Rehabilitative Employment carnings.

Should you have any questions regarding the above, I can be reached at 1-800-451-2513 x-2704. Our fax number is (781) 304-5425.

Sincerely,

Christopher Murphy

Christopher Murphy, HIA, ALHC LTD Claims — Sr. Consultant, Appeals and Resolutions

* Formerly known as Genworth Life and Health Insurance Company
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www.sunlife-usa.com

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104	0	Department of the Treesury—Irdemal Revenue Service U.S. Individual Income Tax Return	2010	(99)	IRS Use Only-E	lo not v	rile or :	staple in this	space.		
	Τp	For the year Jan. 1-Dec. 31, 2010, or other tax year beginning	. 20	10, ending	. 20			B No. 1545			
Name.	R	Your first name and initial Last name	3 2 2			Your		security mu		·····	
Address.		THOMAS J. BUCHANAN			ľ			815			
and SSN	ĮΫ	If a joint return, spouse's first name and initial Last name			w	Sport	to's er	cial securi			
	0	KIMBERLY D. BUCHANAN				S. 11/1/15	100000000000000000000000000000000000000	920	*		
See separate Instructions.	LEA	Home address (number and sheet) If you have a P.O. box, see	instructions.		Apt. no.	<u> </u>	Make sure the SSN(s) above and on line 6c are correct.				
	R	City, town or post office, state, and ZIP code, if you have a foreign		natructions.		Che	ecking	a box belo	w will no	t	
Presidential	LY	KNOXVILLE TN 37				cha	~~~~	our tax o <u>r r</u>			
Election Campa	gn 🕨	Check here if you, or your spouse if filing jointly, want \$3	to go to this f	und , , ,	<u> </u>			ou	Spous	0	
Filing Status	1 2	Single Manted filing jointly (even if only one had income)	4 the qui	or nousenor alifying pers name here	d (with qualifying p son is a child but no >	erson). ot your	depend	ent, enter thi	s ====================================		
Check only one	3 [Married filing separately. Enter spouse's SSN above	5 Qualify	ing widow(er) with dependent	child					
box.		and full name here.									
	ба	X Yourself. If someone can claim you as a dependent,	do not check	box 6a				Boxes o	hecked	2	
Exemptions	b	X Spouse						No. of c	hildren		
	C	Dependents:					(4) +	on 6c wi	10;	-	
		-	(2) Depende		(3) Depender			yko' e Elvedi ∫ e did na			
		(f) First name Lest name	social security	number	relationship t	you	tax cr. o page 1:	see • did ac 5) you due	IU GIVUIUS		
If more than four		MASSEY		2344	SON			or separ	ation tructions)		
dependents, see								1			
instructions and							1		inte on 6c red above.		
check here		The state of the s					 	1			
	ď	Total number of exemptions claimed			,,			Add num ∴ Unes abi	nbers on	3	
······································	7	Microse polyring the etc. Attach Especial (4) D	<u></u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7	- 10,00 00	010 P		
Income	, 8a	Wages, salaries, tips, etc. Attach Form(s) W-2 Taxable interest. Attach Schedule B if required				••••	8a			12	
Attach Form(s)	b	Tax-exempt interest Do not include on line 8a	· · · · · · · · · · · · · · · · · · ·	ot I		'''	Va.				
W-2 here, Also	9a	Ordingon dividends Attach School S & serviced	ــا ا	en i			9a				
attach Forms	b	Ordinary dividends. Attach Schedule B if required		at 1	,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	··· -	graa .	., . , <u>, </u>			
W-2G and		Qualified dividends Taxable refunds, credits, or offsets of state and local income taxes									
1099-R if tax was withheld.	10	k br					10	····			
was withingler	11 12	Alimony received				٠	11		100	202	
If you did not		Business income or (loss). Attach Schedule C or C-EZ				,	12		176,2	441	
get a W-2,	13	Capital gain or (loss). Attach Schedule D if required, if not required, check here	,,,,,,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,			┷	13				
see page 20.	14	Other gains or (losses). Attach Form 4797			, - ,		14				
	15a	IRA distributions 15a Pensions and annuities 16a	b]	axable a	mount		15b				
C-1 (-1-1-	16a	rensions and annulues 16a	b]	axable a	mount	-	16b				
Enclose, but do not attach, any	17	Rental real estate, royalties, partnerships, S corporations	s, trusts, etc. A	ittach Sch	iedule E	J	17		8,8	829	
payment. Also,	18	Farm Income or (loss), Attach Schedule F				-	18	······································			
please use	19	Unemployment compensation					19	***********			
Form 1040-V.	20a	Social security benefits 20a Other income. List type and amount SEE	b]	axable a	mount	-	20b				
	21					J.	21	····			
	22	Combine the amounts in the far right column for lines 7 t	*****	···	total income	-	22		<u> 185, (</u>	062	
A	23	Educator expenses		23			\mathbb{R}^{N}				
Adjusted	24	Certain business expenses of reservists, performing artis				ı					
Gross		fee-basis government officials. Attach Form 2106 or 210	6-EZ	24			- ;				
ncome	25	Health savings account deduction. Attach Form 8889		25	***************************************						
	26	Moving expenses, Attach Form 3903		26							
	27	One-half of self-employment lax. Attach Schedule SE		27	11,0	33	1				
	28	Self-employed SEP, SIMPLE, and qualified plans		28			3				
	29	Self-employed health insurance deduction	L	29	20,0	55					
	30	Penalty on early withdrawal of savings		36			- 3				
	318	Alimony paid b Recipient's SSN >		1a							
	32	IRA deduction		32							
	33	Student loan interest deduction	i i	33			}				
	34	Tuition and fees. Attach Form 8917	[34			,				
	35	Domestic production activities deduction. Attach Form 89	903	35			',				
	36	Add lines 23 through 31a and 32 through 35				~	36		31,0	088	
	37	Subtract line 36 from line 22. This is your adjusted gross	s income			>	37		153,		
For Disclosure, Privac	y Act,	nd Paperwork Reduction Act Notice, see separate instructions.							m 1040		

Form 1040 (2	010) THO	MAS J. & KIMBERLY D. BUCHANAN		8151 Page 2
Tax and		Amount from line 37 (adjusted gross income)	38	153,974
Credits	39a	Check You were born before January 2, 1948, Blind. Total boxes	1/2	
		# Spouse was born before January 2, 1946, Blind. ∫ checked ▶ 39a	100	
	ь	If your spouse itemizes on a separate return or you were a dual-status aften, check here	1 1	
	40	Itemized deductions (from Schedule A) or your standard deduction (see Instructions)	40	68,804
	41	Subtract line 40 from line 38	41	85,170
	42	Exemptions. Multiply \$3,650 by the number on line 6d	42	10,950
	43	Texable income. Subtract line 42 from tine 41, if line 42 is more than line 41, enter 0-	43	74,220
	44	Tax (see instr.). Check if any tax is from: a Form(s) 8814 b Form 4972	44	10,919
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
			746	10,919
	#16	Add lines 44 and 45 Foreign tax credit. Attach Form 1116 if required 47	1/2/	10,717
	47	**************************	- 33	
	48	Credit for child and dependent care expenses. Attach Form 2441 48	- 34	1
	49	Education credits from Form 8863, line 23	- 3	
	50	Retirement savings contributions credit. Attach Form 9880	1881	
	51	Child tax credit (see instructions) 51		
	52	Residential energy credits. Attach Form 5695		
	53	Other credits from Form:a 3800 b 8801 c 53]	
	54	Add lines 47 through 53. These are your total credits	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	10,919
Other	56	Self-employment tax. Attach Schedule SE	56	22,065
Taxes	57	Unreported social security and Medicare tax from Form: a 4137 b 8919	57	
IGASS	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59	a Form(s) W-2, box 9 b Schedule H c Form 5405, line 16	59	
	60	Add lines 55 through 59. This is your total tax	60	32,984
	61	Federal income tex withheld from Forms W-2 and 1099 61	138	,
Payments		2010 estimated tax payments and argount applied from 2009 return 62 18,486		
	63	Making work pay credit, Attach Schedule M 63 721		
Manus beren		The second transfer of the second sec	의 글	
if you have a qualifying			4 34	
child, attach	d er	Nomickable compatibility and design of the company	333	
Schedule El		Additional child tax credit. Attach Form 8812 65	4 劉	
	66	American opportunity credit from Form 8863, line 14	- 3	
	67	First-time homebuyer credit from Form 5405, line 10 67	- 1	
	68	Amount paid with request for extension to file 68 25,000	- 1	
	69	Excess social security and tier 1 RRTA tax withheld 69	4 31	
	70	Credit for federal tax on fuels. Attach Form 4136		
	71	Oredits from Form: a 2439 b 8839 c 8801 d 8885 71	1 1	
	72	Add lines 61, 52, 93, 64a, and 65 through 71. These are your fotal payments	72	44,207
Refund	73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	11,223
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	
Direct deposit?	▶ b	Routing number C Type: Checking Savings		
See Instructions.	▶ d	Account number		
i isu uçuği ja.	75	Amount of line 73 you want applied to your 2011 estimated tax ▶ 75 11, 199	d - A	
Amount	76	Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions	76	
You Owe	77	Estimated tax penalty (see instructions) 77 24		
	. Do you	want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Complete		
Third Par	r.y	Consequed School State of the S		574
Designee	Désigner name	▶ JACRIE L. SIMPSON Phone no. ▶		-690-7010
Sign		malifies of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer		
Here	they are Your sign		has any	
Interference &				Daytime phone number
See page 12. Keep a copy for your	P	SELF EMPLOYED		THE REPORT OF THE PARTY OF
for your	phonse.s	signature. If a joint return, both must sign. Date Spouse's occupation		
records.	· · · · · · · · · · · · · · · · · · ·	JSELF EMPLOYED preparer's name Preparer's signature Date		TT
Delal			Check	∐# PTIN
Paid _		SIMPSON		ployed P00080574
Preparer	Firm's name			<u>(▶ 62-1719416</u>
Use Only	Firm's address		Phone no	
		KNOXVILLE TN 37923	865~	690-7010
				Form 1040 (2010)

SCHEDULE A		Itemized Deduction	าธ			OMB No. 1545-0074
Department of the Tr Internal Revenue Sar	easur Vice	(99) Attach to Form 1040. See Instruction	s for Schedule A (Fo	rm 1040).		Attachment Sequence No. 07
Name(s) shown on F				Your sor		rity number
THOMAS J	1	& KIMBERLY D. BUCHANAN	 	Leg above	8	151
Medical		Caution. Do not include expenses reimbursed or paid by others.				4
and	1	Medical and dental expenses (see instructions)		,265	10	·
Dental	2	The distriction of the control of th	50	546		
Expenses	3	Multiply line 2 by 7.5% (.075)	3 1 11	,548		•
#	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0
Taxes You	5	State and local (check only one box):	_	701	913 933	
Paid		mine internal care of the	5 2	,181		
		b X General sales taxes J		الممما	\$3 -	
	6	The second second discussions and the second	6 4	,206	73	
	7	New motor vehicle taxes from line 11 of the worksheet on	1			
		back (for cartain vehicles purchased in 2009). Skip this line if	7		A	
	ę.		<u> </u>			
	o	Unar taxes, List type and amount	8			
	Ω	Add lines 5 through 8	<u> </u>		9	6,387
Interest			10 [44	,150	3	<u> </u>
You Paid			10 44	,130	177	
100 Faid	11	Home montgage interest not reported to you on Form 1098, if paid to the	.\\]			
Note.		person from whom you bought the home, see instructions and show that		,	3.14 3.53	
Your mortgage		person's name, identifying no., and address		1		
Interest		4 *************************************		i		
deduction may		4 (544) (44) (44) (44) (44) (44) (44) (4	1.	l		
be limited (see instructions).	10		11		jiji –	
mad dodgera).	72	Points not reported to you on Form 1098, See instructions for special rules	12	- 1.	. N	
	13		13	:		
	14	Investment interest. Attach Form 4952 if required. (See		1	303	
			14			
	15	Add lines 10 through 14			15	44,150
Gifts to	16		133			
Charity			16 18	,267		
If you made a	17	Other than by cash or check. If any gift of \$250 or more, see				
gift and got a			17		1831 ×	
benefit for it,	18		18		- 1	
see instructions.	19	Add lines 16 through 18	************	,	19	18,267
Casualty and						
Theft Losses	20	Casualty or theft loss(es), Attach Form 4684, (See instructions.)	**********		20	
Job Expenses	21	Unreimbursed employee expenses-job travel, union dues,		1	(S)	
and Certain		job education, etc. Attach Form 2106 or 2106-EZ if required.		1		
Miscellaneous		(See instructions.)	. 1	1	1	
Deductions	20		21			•
	22	***************************************	22			
	ŤĠ	Other expenses—investment, safe deposit box, etc. List type	3	i		
		and amount]	1		
	24	The state of the s	23		1	
		* *************************************	24			
	20	Multiply line 25 by 29/ / 69)	· 1		- 1	
	27	Multiply line 25 by 2% (.02) Subtract line 26 from line 24, If line 26 is more than line 24, enter -0-	26		_ 1	
Other				······	27	
Miscellaneous	K.O	Other—from list in instructions. List type and amount		•••••		
Deductions			***********		28	
Total	29	Add the amounts in the far right column for lines 4 through 28; Also, en			1	
Itemized		on Form 1040, line 40	,		29	68,804
Deductions	30	If you elect to itemize deductions even though they are less than your s	tandard			
		deduction, check here	<u> </u>			11 11 11 11 11
For Paperwork Re	duct	on Act Notice, see Form 1040 instructions.			chedu	e A (Form 1040) 2010

SCHEDULE (Form 1040A	or 10	-	Interest and Ordinary Dividends	· ·							
Department of the Internal Revenue	e Tre Serv	asury toe (99)	Attach to Form 1040A or 1040. See instructions on back.		Attachm Sequen	ient ce No.	08				
Name(s) shown	on ret	מיום		Your so	cial secur	-	nber				
THOMAS		************	KIMBERLY D. BUCHANAN	<u>.</u>		<u>151 </u>	~ ~~				
Part I	1		ne of payer. If any interest is from a seller-financed mortgage and the	!	Am	ount					
Interest		-	sed the property as a personal residence, see instructions on back and list								
			rest first. Also, show that buyer's social security number and address >	1			12				
		FIRS	T TENNESSEE BANK	 			+4				
6				<u> </u>							
(See instructions on back and the	•		[17] *(***********************************	│							
instructions for			243 (1944) - 1944 (1944) - 1944 (1944) - 1945 (1944) - 1945 (1944) - 1945 (1944) - 1946 (1944) - 1946 (1944)	│							
Form 1040A, or			\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	. ├─							
Form 1040,				1							
line Ba.)											
Note, If you				 							
received a Form				\ 							
1099-INT, Farm			***************************************								
1099-OID, or			***************************************								
substitute statement from			***************************************	l							
a brokerage firm,			**************************************	<u> </u>			· 				
list the firm's			······································								
name as the	2	Add the	amounts on line 1	2			12				
payer and enter the total interest	3	Excludat	ble interest on series EE and I U.S. savings bonds issued after 1989.								
shown on that		Attach F	orm 8815	3							
form.	4	Subtract	line 3 from line 2. Enter the result here and on Form 1040A, or Form								
		1040, lin	ne Sa	4			12				
1	lote.	If line 4	is over \$1,500, you must complete Part III.		Am	ount					
Part II	5	List nam	e of payer 🏲								
Ordinary											
Dividends	ŝ		**************************************								
,			***************************************			·······					
(See instructions			***************************************								
on back and the			\$1999	-							
instructions for			***************************************		************						
Form 1040A, or			***************************************	5							
Form 1040, (ine 9a.)				[├			^				
ino ear,				│	 ,						
Note, If you			**************************************	 							
received a Form			[] [] [] [] [] [] [] [] [] [] [] [] [] [-							
1099-DIV or substitute			[[+++7+5+4+++]+7++++++++++++++++++++++++++	-							
statement from											
a brokerage firm,											
list the firm's				 							
name as the payer and enter											
the ordinary			***************************************								
dividends shown	6	Add the	amounts on line 5. Enter the total here and on Form 1040A, or Form	!							
on that form.		1040, lin		6							
			is over \$1,500, you must complete Part III.								
			plete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a								
Foreign ^{fi}			t; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.			Yes	Nο				
	7a	At any ti	me during 2010, did you have an interest in or a signature or other authority over a financial		T		1.1				
Accounts			in a foreign country, such as a bank account, securities account, or other financial account?		1	1					
and Trust			ructions on back for exceptions and filing requirements for Form TD F 90-22.1		į	l	X				
(See			enter the name of the foreign country		···						
instructions on			010, did you receive a distribution from, or were you the grantor of, or transferor to, a	***			, . ,				
back.)		4	ust? If "Yes," you may have to file Form 3520. See instructions on back		i	1	Х				
For Paperwork				e B (Forn	n 1040A	or 104	*****				
DAA			Sylicum	- w p can		cu-+	~, ~0 11				

	SCHEDULE C Profit or Loss From Business							OMB No. 1545-0074		
{PC	rm 1040)					prietorship)				2010
Depa	artment of the Treesury nel Revenue Service (99)			nerships, joint ventures, e orm 1040, 1040NR, or 104					n 1848\	Attachment Sequence No. 09
	e of proprietor	h hideore	() (0)	ORDINATOR INTERNATION		Dec insua	bolls to Carecose a			y number (\$5N)
	HOMAS J. & K	IMBERL	y D	BUCHANAN			1			8151
A		rofession, inc	luding	product or service (see in	structi	ons)		B	Enter code	from pages C-9, 10, & 11
-	Business name. If no s							- D		ID number (EIN), If any
	BELLA BOUTI	QUE								723905
E	Business address (inclu City, town or post office			na.)▶ 6484 KI de KNOXVII.		TON PI	KE TN 3791	9	,	
ħ.	Accounting method:	(1) X	Cas	h (2) Accrual	(3)	Other (s	oecify) 🕨			
G	Did you "materially part	ticipate" in the	open	ation of this business during	2010)? If "No," se	e instructions for limit of	ı ioss	es	X Yes No
버	If you started or acquire	ed this busine	ss du	ring 2010, check here		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**********	بالتبعيد		<u> </u>
	art I Income				·					
1				ructions and check the box					1 1	
			on For	m W-2 and the "Statutory of	emplo	lee, pox	1		1 1	
	on that form was check								۱ ا	540 E40
				enture reporting only rental				L] [_1_1	618,547
			ent tax	. Also see instructions for l	imit oi	i losses.	j			100
2	Returns and allowances					. ,				490
4	Subtract line 2 from line	9 } B (♠		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					3	618,057
5	Cost or goods sold (from	n ime 42 on p	oage 2)			. , . ,		4	212,156
6	Cross biotic consecti	IN A STORY OF THE	ID 0						1 3 1	405,901
7	Gree income, sicularly real	ଦେକ ଅଧ୍ୟକ୍ତ (ଜଣ୍ଡ ଅଧ୍ୟକ୍ତ (HINSHE	e or fuel tex credit or refund (se	e instr	nchaus)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			40= 003
-	ert II Expenses.	Fotor ov		es for business use o	شاران دورو کا	n borro o	nke on line 20		7	405,901
8	Advertising	LING TA	8						1 40 1	
9	Car and truck expenses	· · · · · · · · · · · · · · · · · · ·		20,739	18 19		inse d profit-sharing plans	• • • • •	18	
•			9		20		se (see instructions);		13	
10	Commissions and fees		10	· · · · · · · · · · · · · · · · · · ·	a		se (see instructions). nachinery, and equipme	eri	1 1	3,600
11	Contract labor (see inst		11	9,568	b	Other busin	ness property	"" · · ·	20b	90,214
12	Depletion		12	7,200	21	Renaire an	d maintenance		21	5,662
13	Depreciation and section	ก 179			22	Sumplies (n	ot included in Part III)	~ • • • •	22	3,088
	expense deduction (not				23	Taxes and	licenses	••••	23	3,150
	included in Part III) (see	,			24	Travel, me	als, and entertainment:			<u> </u>
	instructions)		13	Į	21				24a	332
14	Employee benefit progra	ams	,		ь	Deductible				
	(other than on line 19)		14			entertainme	ent (see instructions)		24b	901
15	insurance (other than he	ealth)	15	3,612	25	Charles and			25	9,267
16	Interest:		9-555		26		s employment credits)		26	36,976
а	Mortgage (paid to banks	s, etc.)	16a		27		nses (from line 48 on			· · · · · · · · · · · · · · · · · · ·
b	Other.		16b	17,105		page 2)			27	42,169
17	Legal and professional	Ì		,						
	services		17	6,062						
28				ess use of home. Add lines	8 thr	ough 27		. •	28	252,445
29	Tentative profit or (loss).								29	153,456
30	Expenses for business u	use of your h	ome. /	Attach Form 8829					30	
31	Net profit or (loss). Sut	otact line 30	trom !	ne 29.					1	
	• If a profit, enter on both	th Form 1046	l, line	12, and Schedule SE, line	z, or	on Form 104	IONR, line 13	_	1	
			e instr	uctions). Estates and trusts	, ente	r on Form 10	141, line 3.		31	153,456
20	• If a loss, you must go								_	
32	n you have a loss, check	k the box tha	it desc	ribes your investment in th	is acti	vity (see insti	ructions).			
	- ir you onecked 32a, et	nter the loss	on bot	h Form 1040, line 12, and	Sche	dule SE, line	2, or on]	
			d the	box on line 1, see the line	31 ins	tructions). Es	tales and		į 32a	All investment is at risk.
	trusts, enter on Form 10		. »	Hamm by	ъ				32b	Some investment is not
				m 6198. Your loss may be	nmite	1 .	·	_	-	at risk.
ror F	aperwork Reduction Ac	t Notice, see	your	tax return instructions.					Sche	dule C (Form 1040) 2010

rg-	HOMAS J. & KIMBERLY D. BUCHANAN	815	:1	
	edule C (Form 1040) 2010 RETAIL - CLOTHING & ACCESSORIES	010	-	Page
	art III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a X Cost b Lower of cost or market c Other (attach explanation)	1		
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory?,	Ê	Yes	X No
35		35	1	72,755
36	Purchases less cost of items withdrawn for personal use	36	2:	34,765
37		37		
38		38	and the last of th	······································
39	1	39		
40		40	3	07,520
4 1	Inventory at end of year	41		95,364
42		42		<u>12,15€</u>
Pa	Information on Your Vehicle. Complete this part only if you are claiming car or truck eand are not required to file Form 4562 for this business. See the instructions for line 13 file Form 4562.			
	When did you place your vehicle in service for business purposes? (month, day, year)			
44 a	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for:			
a	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for: Business		_ ,	ΠN
-	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for: Business	[Yes Yes	∏ No
45 46 47a	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for: Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction?		Yes	_
45 46 47a b	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for: Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? If "Yes," is the evidence written?		Yes Yes	☐ No
45 46 47a b	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for: Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? If "Yes," is the evidence written? art V Other Expenses. List below business expenses not included on lines 8-26 or line 30.		Yes Yes Yes	No No
45 46 47a b Pa	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for: Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? If "Yes," is the evidence written? art V Other Expenses. List below business expenses not included on lines 8-26 or line 30. ELEPHONE		Yes Yes Yes	3,97!
45 46 47a b Pz	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for: Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? If "Yes," is the evidence written? art V Other Expenses. List below business expenses not included on lines 8-26 or line 30. ELEPHONE UES & SUBSCRIPTIONS		Yes Yes Yes	3,975 5,218
45 46 47a b P2	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for: Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? If "Yes," is the evidence written? art V Other Expenses. List below business expenses not included on lines 8-26 or line 30. ELEPHONE UES & SUBSCRIPTIONS OSTAGE & FREIGHT		Yes Yes Yes	3,975 5,218 2,580
45 46 47a b P2 T.D.D.D.B.	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for: Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? If "Yes," is the evidence written? art V Other Expenses. List below business expenses not included on lines 8-26 or line 30. ELEPHONE UES & SUBSCRIPTIONS		Yes Yes Yes	3,975 5,218
45 46 47a b Pa T	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for: Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? If "Yes," is the evidence written? art V Other Expenses. List below business expenses not included on lines 8-26 or line 30. ELEPHONE UES & SUBSCRIPTIONS OSTAGE & FREIGHT ANK CHARGES ECURITY UTO EXPENSES		Yes Yes Yes	3,97! 5,218 2,588 9! 2,569
45 46 47a b P: D: D: B: O: A	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for: Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? If "Yes," is the evidence written? art V Other Expenses. List below business expenses not included on lines 8-26 or line 30. ELEPHONE UES & SUBSCRIPTIONS OSTAGE & FREIGHT ANK CHARGES ECURITY UTO EXPENSES ERCHANT FEES		Yes Yes Yes Yes Yes	3,97! 5,218 2,580
45 46 47a b P: D: D: B: O: A	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for: Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? If "Yes," is the evidence written? art V Other Expenses. List below business expenses not included on lines 8-26 or line 30. ELEPHONE UES & SUBSCRIPTIONS OSTAGE & FREIGHT ANK CHARGES ECURITY UTO EXPENSES		Yes Yes Yes Yes Yes	3,97! 5,218 2,580 91 2,563 3,47
45 46 47a b P: D: D: B: O: A	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for: Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? If "Yes," is the evidence written? art V Other Expenses. List below business expenses not included on lines 8-26 or line 30. ELEPHONE UES & SUBSCRIPTIONS OSTAGE & FREIGHT ANK CHARGES ECURITY UTO EXPENSES ERCHANT FEES		Yes Yes Yes Yes Yes	3,975 5,218 2,586 9,2,563 3,47 23,849
45 46 47a b P: D: D: B: O: A	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for: Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? If "Yes," is the evidence written? art V Other Expenses. List below business expenses not included on lines 8-26 or line 30. ELEPHONE UES & SUBSCRIPTIONS OSTAGE & FREIGHT ANK CHARGES ECURITY UTO EXPENSES ERCHANT FEES		Yes Yes Yes Yes Yes	3,975 5,218 2,586 9,2,563 3,47 23,849
45 46 47a b P: D: D: B: O: A	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for: Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? If "Yes," is the evidence written? art V Other Expenses. List below business expenses not included on lines 8-26 or line 30. ELEPHONE UES & SUBSCRIPTIONS OSTAGE & FREIGHT ANK CHARGES ECURITY UTO EXPENSES ERCHANT FEES		Yes Yes Yes Yes Yes	3,975 5,218 2,586 9,2,563 3,47 23,849
45 46 47a b P: D: D: B: O: A	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for: Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? If "Yes," is the evidence written? art V Other Expenses. List below business expenses not included on lines 8-26 or line 30. ELEPHONE UES & SUBSCRIPTIONS OSTAGE & FREIGHT ANK CHARGES ECURITY UTO EXPENSES ERCHANT FEES		Yes Yes Yes Yes Yes	3,975 5,218 2,586 9,2,563 3,47 23,849
45 46 47a b P: D: D: B: O: A	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for: Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? If "Yes," is the evidence written? art V Other Expenses. List below business expenses not included on lines 8-26 or line 30. ELEPHONE UES & SUBSCRIPTIONS OSTAGE & FREIGHT ANK CHARGES ECURITY UTO EXPENSES ERCHANT FEES		Yes Yes Yes Yes Yes	3,975 5,218 2,586 9,2,563 3,47 23,849
45 46 47a b P: D: D: B: O: A	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for: Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? If "Yes," is the evidence written? art V Other Expenses. List below business expenses not included on lines 8-26 or line 30. ELEPHONE UES & SUBSCRIPTIONS OSTAGE & FREIGHT ANK CHARGES ECURITY UTO EXPENSES ERCHANT FEES		Yes Yes Yes Yes Yes	3,975 5,218 2,586 9,2,563 3,47 23,849
45 46 47a b P: D: D: B: O: A	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for: Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? If "Yes," is the evidence written? art V Other Expenses. List below business expenses not included on lines 8-26 or line 30. ELEPHONE UES & SUBSCRIPTIONS OSTAGE & FREIGHT ANK CHARGES ECURITY UTO EXPENSES ERCHANT FEES		Yes Yes Yes Yes Yes	3,975 5,218 2,586 9,2,563 3,47 23,849
45 46 47a b P: D: D: B: O: A	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for: Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? If "Yes," is the evidence written? art V Other Expenses. List below business expenses not included on lines 8-26 or line 30. ELEPHONE UES & SUBSCRIPTIONS OSTAGE & FREIGHT ANK CHARGES ECURITY UTO EXPENSES ERCHANT FEES		Yes Yes Yes Yes Yes	3,975 5,218 2,586 9,2,563 3,47 23,849
45 46 47a b P: D: D: B: O: A	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for: Business b Commuting (see instructions) c Other Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? If "Yes," is the evidence written? art V Other Expenses. List below business expenses not included on lines 8-26 or line 30. ELEPHONE UES & SUBSCRIPTIONS OSTAGE & FREIGHT ANK CHARGES ECURITY UTO EXPENSES ERCHANT FEES		Yes Yes Yes Yes Yes	3,975 5,218 2,586 9,2,563 3,47 23,849

48 42,169 Schedule C (Form 1040) 2010

SCHEDULE C (Form 1040)			oss From Business Proprietorship)	· •	OMB No. 1545-0074
,	Partnership		tc., generally must file Form 1	065 or 1065-B.	2010
Department of the Treasury Internal Revenue Service (99)			. > See Instructions for Sc		Attachment Sequence No. 09
Name of proprietor	<i>ርሃፓ ኖ</i> ሽ ጌ ፕ ነክ አላት			Social secu	rity number (SSN)
THOMAS J. BUG					8151
	profession, including product OVERTISING AND		tructions)		de From pages C-9, 10, & 11
C Business name. If no	separate business name, le	va high			er ID number (EIN), if any
VISION MARK		ATO LIEUM.			5503165
		6484 RTI	NGSTON PIKE		7707.402
City, town or post office	ce, state, and ZIP code	KNOXVILI	LE TN	37919	
F Accounting method:	(1) X Cash (2)	Accrual (3) ☐ Other (specify) ► 2010? If "No," see instructions		
G Did you "materially par	rticipate" in the operation of	this business during	2010? If "No," see instructions	for limit on losses	X Yes No
H If you started or acqui	red this business during 201	0, check here	. /		.
Part Income					
	s. Caution, See instructions				
	ported to you on Form W-2:	and the "Statutory er	mployee" box		
on that form was chec			eal estate	-	
	of a qualified joint venture re				
2 Returns and allowance	self-employment tax. Also s				
3 Subtract line 2 from lin					
4 Cost of goods sold /fro	om line 42 on page 2)	*************		4	
5 Gross profit, Subtract	line 4 from line 3	• • • • • • • • • • • • • • • • • • • •		5	0
6 Other income, including fe	deral and state gasoline or fuel t	ax credit or refund (see	e instructions)	6	X
7 Gross Income, Add Ir	es 5 and 6			7	0
Part II Expenses	Enter expenses for	business use of	f your home only on line	30.	
8 Advertising	8		18 Office expense	18	
9 Car and truck expense	s (see		19 Pension and profit-sharin	g plans 19	
instructions)	9		20 Rent or lease (see instr.	ictions);	
10 Commissions and fees			 Vehicles, machinery, and 	equipment 20a	
11 Contract labor (see ins			 Other business property 	20b	
12 Depletion 13 Depreciation and section	12		21 Repairs and maintenance	e 21	
13 Depreciation and section expense deduction. (no		Į.	22 Supplies (not included in		
included in Part III) (se	1 1	İ	23 Taxes and licenses		
1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1 1	166	24 Travel, meals, and enter		
14 Employee benefit prog	· · · · · · · · · · · · · · · · · · ·	100	a Travel	<u>24a</u>	
(other than on line 19)	14	į	entertainment (see instru	uctions) 24b	
15 Insurance (other than I	health) 15		25 Utilities		· · · · · · · · · · · · · · · · · · ·
18 Interest	V-1		26 Wages (less employment	t credits) 26	
 a Mortgage (paid to bank 	(s, etc.) 16a		27 Other expenses (from line		
b Other	16b		page 2)	27	
17 Legal and professional	1 1			200	
services	<u></u>		A)Mal ^O		
28 Total expenses before	expenses for business use	of home, Add lines	8 through 27	▶ 28	166
). Subtract line 28 from line			29	-166
30 Expenses for business31 Net profit or (loss), Su	use of your home. Attach F ibtract line 30 from line 29.	orm 8829	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30	<u> </u>
		Calada La Officia			
Of you charked the how	out Form 1040, line 12, and	Schedule St., line ;	2, or on Form 1040NR, line 13 enter on Form 1041, line 3.	71	9.50
 If a loss, you must go 		Laures and trusts,	ener on Form 1041, line 3.		-166
	ck the box that describes yo	ur investment in this	s arthity (eas instructions)		
 If you checked 32a. e 	enter the loss on both Form	1040, line 12 and 9	Schedide SF. the 2 or on	·	
Form 1040NR, line 13	(If you checked the box on I	ne 1, see the line 3	11 instructions). Estates and	32a	All investment is at risk.
trusts, enter on Form 1	041, line 3.	., ning U	· · · · · · · · · · · · · · · · · · ·	32b	Some investment is at risk.
	ou must attach Form 6198.	Your loss may be li	imited.		et risk.
For Paperwork Reduction A			, (Sch	edule C (Form 1040) 2010

	SCHEDULE C Profit or Loss From Business							OMB No. 1545-0074			
(t-0	rm 1040)				prietorship)				2010		
Depa Inten	ntment of the Treasury nat Revenue Service (99)		nerships, joint ventures, c orm 1848, 1940NR, or 194					040).	Attachment Sequence No. 09		
Nam	e of proprietor						Social	security	number (SSN)		
Ţ	<u>HOMAS J. BUC</u>	THANAN							8151		
A	Principal business or p RETAIL - CI		product or service (see in ACCESSORIES	structio	ns)		,	ter code fi 448	rom pages C-9, 10, & 11 1:90		
C	Business name, if no s						D E	mployer I	D number (EIN), if any		
	BELLA BOUTI	QUE					6	2-17	23905		
E			no.⟩► 6484 Kl de KNOXVII		TON PI	KE TN 3791	9				
F	Accounting method:	(4) Y Can	h (D) Acamal	(91	Other (sp	aniful b			······································		
G	Did you "materially part	ticipate" in the opera	ation of this business during	: 2010)7 If "No." see	instructions for limit or	losses		▼ Yes No		
H	If you started or acquire	ed this business du	ring 2010, check here								
Pa	art I 🐬 Income				<u> </u>						
1	Gross receipts or sales	s. Caution, See inst	ructions and check the box	if:							
	. This income was rep	orted to you on For	m W-2 and the "Statutory	employ	yee" box —	7		1 1			
	on that form was check	ked, or									
	 You are a member of 	of a qualified joint ve	enture reporting only rental	real es	state	▶		1	201,481		
	income not subject to s	self-employment tax	. Also see instructions for I	imit or	losses.]					
2	Returns and allowance	\$	**********************			-		2	1,700		
3	Subtract line 2 from line	91						3	199,781		
4	Cost of goods sold (from	m line 42 on page 2)					4	69,106		
5	Gross profit. Subtract	line 4 from line 3						5	130,675		
6	Other income, including fed	deral and state gasoline	or fuel tax credit or refund (se	e instr	uctions)			6			
7_	Gross Income. Add lin	es 5 and 6						7	130,675		
-	art II Expenses.	. Enter expense	es for business use o	of you	ır home or	ily on line 30,		,			
8			6,755	18	Office expen	nse		18			
9	Car and truck expenses	` !		19		d profit-sharing plans		19			
	instructions)	9		20		se (see instructions):		14.53			
10	Commissions and fees	10		a		achinery, and equipme		20a	1,173		
11	Contract labor (see ins		2,116	b	Other busin	ess property		20b	45,107		
12	Depletion	12		21	Repairs and	maintenance	*	21	1,844		
13	Depreciation and section	1		22	Supplies (no	ot included in Part III)		22	1,006		
	expense deduction (not			23		icenses		23	1,026		
	included in Part III) (see			24		ils, and entertainment		1 1			
4.	instructions)	13	8,728	a				243	. 108		
14	Employee benefit progr		1	b	Deductible r						
15	(other than on line 19) Insurance (other than h	14 neai(h) 15	1 102		entertainme	nt (see instructions)	,,,,,	24b	294		
16	Interest:	lean(r) 15	1,176	25	Cuines			25	3,018		
a	Mortgage (paid to bank	a ntn \ den		26		s employment credits)		26	12,044		
b	ter a c		5,572	27		nses (from line 48 on			15 000		
17	Other Legal and professional	2245-22413 	3,5/4		page 2)			27	15,803		
**		1 1	ועלים ד								
28	**** *********************************		1,974 ess use of home. Add lines	D the			—	29	107,744		
29	Tentative profit or (ioss)							28			
30	Expenses for business	use of your home.	Attach Form 8829	*****				30	22,931		
31	Net profit or (foss). Sur	htract line 30 from t	ina 20		,,,,,,,,,,,,,	****************		30			
•			12, and Schedule SE, line	. 2 or	on Form 104	SMD line 12					
			uctions). Estates and trusts				L	31	22,931		
	• If a toss, you must go			., wellt[2	. — 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ک	سلستنسا			
32	4		ribes your investment in th	is act	ivity (see Instr	uctions).					
			th Form 1040, line 12, and				~-1				
			box on line 1, see the line					32a	All investment is at risk		
	trusts, enter on Form 1		, , , , , , , , , , , , , , , , , ,	2 · 11 PW			Ì	32b	Some investment is no		
			m 6198. Your loss may be	limite	d.		ل ا		ent risk.		
For F			tax return instructions.				· · · · · · · · · · · · · · · · · · ·	Scher	lule C (Form 1040) 2014		

		8:	L51			
	edule C (Form 1040) 2010 RETAIL - CLOTHING & ACCESSORIES art III Cost of Goods Sold (see instructions)		·		F	age 2
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanate)	ion)	<u> </u>			
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? 🥻 if "Yes," attach explanation	ģ.	_	Yes	X] No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35			95,	364
36	Purchases less cost of items withdrawn for personal use	36			72,	401
37	Cost of labor. Do not include any emounts paid to yourself					
38	Materials and supplies	38				
39	Other costs	39				
40	Add lines 35 through 39	40		-	.67,	765
41	inventory at end of year	41			98,	<u>659</u>
42 Ds	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4		need	on I	69, ine 0	106
re	and are not required to file Form 4562 for this business. See the instructions for line file Form 4562.					nust
43	When did you place your vehicle in service for business purposes? (month, day, year) ▶					
44	Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for:					
а	Business b Commuting (see instructions) ¢ Other					
45 46	Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use?		A	Yes Yes	<i>′</i> [No No
47a	Do you have evidence to support your deduction? If "Yes," is the evidence written?		Н	Yes Yes		No No
Pa	art V Other Expenses. List below business expenses not included on lines 8-26 or line 3	J.				1
	ELEPHONE				1,	988
. Di	ues & subscriptions				2,	<u>609</u>
120	OSTAGE & FREIGHT					841
	ANK CHARGES	, ,				47
	ELUX11					285
NATI	UTO EXPENSES					<u>132</u>
	erchant fees eturned checks					<u>769</u>
	BIUMIBU CRECAS		L			<u> 132</u>
					· · · · · · · · · · · · · · · · · · ·	

	441883					
	······································					
				·	·	
		•••••		· · · · · · · · · · · · · · · · · · ·		
		•••••				
48 DAA	Total other expenses. Enter here and on page 1, line 27	48			15, m 1040	803

Sch	edule E (F	orm 1040) 2010					Attacl	nment Sec	uence	No. 13	į.	Page 2
		on return. Do not enter name and so	icial security number if shov	γn on offrer side.						ecurity (
-		W0 _ TOWN FUNDAM F J F					\$ 4.		ė.			
		J. & KIMBERLY IRS compares amounts reported			Cobo	dulada) IC			<u> </u>	815		
	art II	Income or Loss From						s from an	at-risk	activity f	or which	
		any amount is not at risk, you										
27	Are you re	porting any loss not allowed in	a prior year due to the	at-risk or basis lin	nitations, a	a prior yea	ır			57		
		loss from a passive activity (if t	,		•				Ye	s A	No	
	parmersnij	expenses? If you answered "\	res, see page E-/ Den	ore completing th		Enter P for	(c) Check	F (d)	Employ	er	(e) Ct	eck if
28			(a) Name		pa for	rtnership; S S corporation	foreign partnershi) kdi	entification number	n I	any an	tount is
<u>A</u>	YAZ	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				P			534			
<u>B</u>	77377		TATE			P			5345			_
<u>C</u>	YAZ		TATE			P	 - 		·5345 ·5345			-
<u></u>	L	Passive income and L	· · · · · · · · · · · · · · · · · · ·				assive in	come and		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
	(f)	Passive loss allowed	(g) Passive Income	(h) Nan	passive los	ıs e	(i) Section	179 exper	1840		lonpassive	
	(altac	h Form \$582 If required)	from Schedule K-1	from Sc	chedule K-		deduction f	om Form 4	1562	fice	n Schedi	de K-1
<u>A</u>			 			0						4,415
B C	<u> </u>					- 6						±,415
D			· · · · · · · · · · · · · · · · · · ·			Ö						1,414
29a	Totals			7,55,47,53			Zástan,	<u> </u>	(10,000)			3,829
ь		<u> </u>	Salanda areas						1			0.000
30 31	Add colu	imns (g) and (j) of line 29a	*************						30			8,8 <u>29</u> 0
32	Total pa	mns (f), (h), and (i) of line 29b rtnership and S corporation in	ncome or (loss). Comb	ine lines 30 and	31. Enter	the		••••		·		<u>~</u>
		ere and include in the total on li							32			8,829
<u>P</u>	art III	Income or Loss From	Estates and Trus	ts					 _			·
33			(a) Name						1		Employer Hian num	ber
A						_ <u> </u>	,		 			
B									Ţ			
		Passive Income						lve incon	e and			
		Ne deduction or loss allowed find form 8582 if required)	(d) Passive in from Schadu				ction er los: zedule K-1				r income hedule K	
Ā				······································					1			
В												
34a	Totals	Sand Market Children in			1415	MACAN.	Algebra.	e () just en en e	1	a. aka .	G. 15 To A	s
a=		Mann (et) and (f) = 5 fb = 7.45	The property of the state of th	1		······································			+	1887811	1 - 1, 3,	3.33 年 李克
35 36		man /-1 (a) -# 11-a 514-							35 36	·		
37		tate and trust income or (loss). Combine lines 35 an				, . ,) ,		
-		n the total on line 41 below			*******	بمدور موجه		(2).22.22.	37			
P	art IV	Income or Loss From		qaqe Investm (c) Excess incl						Holde		
38		(a) Name	(b) Employer identification number	Schedules C	1, line 20		xable incon Schedules	ne (net loss) Q, line 1b	<u> </u>		come from tles Q, tin	
20	Constate -	(and control of the c	and the second to the second	africales for the state of	B	L hale			20			
39 P	art V	columns (d) and (e) only. Enter Summary	r the result here and in	clude in the total	on line 4	Delow	<u> </u>	<u> </u>	39			
40		rental income or (loss) from Fo	orm 4835. Also, comple	ete line 42 below					40			
41		ome or (loss). Combine lines 26, 3				17, or For	n 1040NR,	line 18 🕨	41			8,829
42		liation of farming and fishing			1				1			
		and fishing income reported on m 1065), box 14, code B; Schel							1		1.545	
		and Schedule K-1 (Form 1041),				42] }			
43	Reconcil	liation for real estate professi	lonals. If you were a re	al estate	···· [11, 11	3.7. <u>(</u> \$ 4.7.)					
	anywhen	onal (see page E-2), enter the n e on Form 1040 or Form 1040h	VR from all rental real of	estate activities	L							
	in which	you materially participated unde	er the passive activity i	oss rules	<u> </u>	43		,	1	· ·	14.	

SCHEDULE SE
(Form 1040)

Self-Employment Tax

2010

Department of the Treasury Internal Revenue Service (99)

Name of person with self-employment income (as shown on Form 1040)

THOMAS J. BUCHANAN

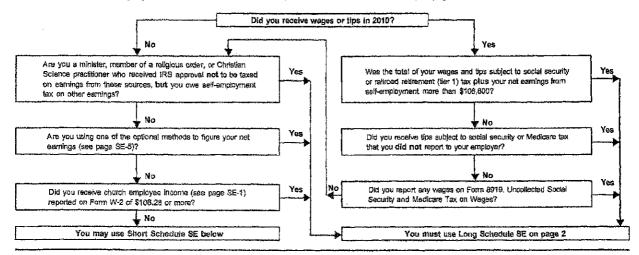
Self-Employment Tax

Social security number of person with self-employment income (as shown on Form 1040)

With self-employment income
Social security number of person with self-employment income
Social security number of person with self-employment income
Social security number of person with self-employment income
Social security number of person with self-employment income
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May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE, if unsure, see Who Must File Schedule SE, on page SE-1.



Section A-Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

12	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve		
-	Program payments Included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1965), box 20, code Y	1b	١
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, fine 3; Schedule K-1 (Form 1065),		
-	box 14, code A (other than farming); and Schedule K-1 (Form 1065-8), box 9, code J1.		Ì
	Ministers and members of religious orders, see page SE-1 for types of income to report on this		
	line. See page SE-3 for other income to report	2	99,493
3	Combine lines 1a, 1b, and 2. Subtract from that total the amount on Form 1040, line 29, or Form 1040NR, line 29, and	-	
•		3	82,780
4	enter the result (see page SE-3) Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do	<u> </u>	92/199
7			76,447
	not file this schedule unless you have an amount on line 1b	 	10/35/
	Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on fine 1b, see page SE-3.		
5	Self-employment tax, if the amount on line 4 is:		
J		l	
	• \$106,800 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56,	}	•
	or Form 1040NR, line 54	1	
	 More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. 		
	Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54	5	11,696
6	Deduction for one-half of self-employment tax. Multiply line 5		
	by 50% (.50). Enter the result here and on Form 1040, line 27,		
M-0	or Form 1049NR, line 27 6 5,848		

For Paperwork Reduction Act Notice, see your tax return instructions.

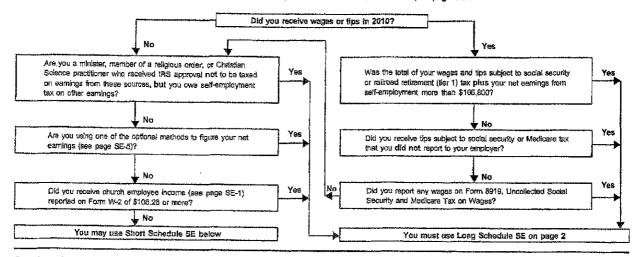
Schedule SE (Form 1040) 2010

SCHEDULE SE OMB No. 1545-0074 (Form 1040) Self-Employment Tax Department of the Treasury Internal Revenue Service (98) Attach to Form 1040 or Form 1040NR. See Instructions for Schedule SE (Form 1040). Name of person with self-employment income (as shown on Form 1040) Social security number of person KIMBERLY D. BUCHANAN with self-employment income >

Before you begin: To determine if you must file Schedule SE, see the instructions on page SE-1.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE, on page SE-1.



Section A-Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

ia	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1066), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve	- '-	
	Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	k .
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065),	- 11-	
	box 14, code A (other than farming); and Schedule K-1 (Form 1068-B), box 9, code J1.	į	ļ
	Ministers and members of religious orders, see page SE-1 for types of income to report on this		
	line. See page SE-3 for other Income to report	2	76,728
3	Combine lines 1a, 1b, and 2. Subtract from that total the amount on Form 1040, line 29, or Form 1040NR, line 29, and	7	7.57720
	enter the result (see page SE-3)	3	73,386
4	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do	- -	737300
	not file this schedule unless you have an amount on line 1b	4	67,772
	Note. If tine 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see page SE-3.		
5	Self-employment tax. If the amount on line 4 is:		
	• \$106,800 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56,		
	or Form 1940NR, line 54		
	 More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. 		
	Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54) <u> </u>	70 000
6	Deduction for one-half of self-employment tax. Multiply line 5	5	10,369
-	by 50% (.50). Enter the result here and on Form 1040, line 27,		
	. 20		
-	or Form 1040NR, line 27 5, 185	i	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2010

-	, 6251	Ais	ternative Minimu	ım Tax—İndividuals	i	OMB No. 1545-0074
Form	See separate instructions.				2010	
	nmam of the freasury rel Revenue Service (99)		Attach to Form 10	40 or Form 1040NR.		Sequence No. 32
	e(s) shown on Form 1040 or				Your social ser	
-		KIMBERLY D. BU				8151
				tions for how to comple		*
				nd go to line 2. Otherwise, ente		
				a negative amount)		85, 17 0
				.5% (.025) of Form 1040, line (
-	zero or less, enter -0- 🛒		****************		2	
3	Taxes from Schedule A	(Form 1040), lines 5, 6, and	8		3	6,387
4 !	Enter the home mortgag	e interest adjustment, if any	, from line 6 of the worksh	eet on page 2 of the instruction	ns 4	0
5 1	vilscellaneous deductions	s from Schedule A (Form 19	040), line 27	*************		
				n of lines 6 and 17 from that so		
7	Fax refund from Form 10	140, line 10 or line 21		************		
8	nvestment interest expe	nse (difference between reg	ular tax and AMT)			
9 1	Depletion (difference bet	ween regular tax and AMT)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9	
10 I	Net operating loss deduc	tion from Form 1040, line 2	 Enter as a positive am: 	ount	10	
11 /	Alternative tax net opera	ting loss deduction	******	*************************	11 (
12 1	nterest from specified pr	wate activity bonds exempt	from the regular tax		12	
13 (Qualified small business	stock (7% of gain excluded	under section 1202)	******	13	
14 I	Exercise of incentive stor	ck options (excess of AMT i	income over regular tax in	come)	14	
15 8	Estates and trusts (amou	int from Schedule K-1 (Form	1041), box 12, code A)		15	
16 E	Electing large partnership	is (amount from Schedule F	(-1 (Form 1065-B), box 6)		16	
17	Disposition of property (d	lifference between AMT and	regular tax gain or loss)		17	
19	Depreciation on assets p	laced in service after 1986	(difference between regula	er tax and AMT)	18	-772
19 F	assive activities (differen	nce бөtweeп AMT and regu	lar tax income or loss)	******	19	·
20 l	oss limitations (difference).	æ between AMT and regula	r tax income or loss)	*************	20	-808
21 (Circulation costs (differer	ice between regular tax and	AMT)	***************	21	
22 L	ong-term contracts (diffe	erence between AMT and re	egular tax income)		22	
23 N	Aining costs (difference t	between regular tax and AM	IT)		23	
24 F	Research and experimen	ital costs (difference betwee	n regular tax and AMT)		24	
25	ncome from certain insta	illment sales before Januar	/ 1, 1987		25 (
26	ntangible drilling costs p	reference			26	
27 (other adjustments, include	ding income-based related	adjustments			
28 /	dtemative minimum ta	xable income. Combine line	es 1 through 27. (If marrie	d filing separately and line 28 i	s	
<u>r</u>	nore than \$219,900, see	page 8 of the Instructions.)		5-1-1-5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	28	89,977
Pa	nt II Alternativ	e Minimum Tax (AM)	[]			
29 E	xemption. (If you were t	inder age 24 at the end of :	2010, see page 8 of the in	structions.)		
	your filing status is		AND line 28 is not over .	THEN enter on line	29	
\$	lingle or head of househ	old ,,,,,,,	\$112,500	\$47,450	1 1 1 1	
A	<i>f</i> arried filing jointly or qu	alifying widow(er)		72,450		
¥	larried filing separately	***********	75,000	36,225	29	72,450
Ħ	line 28 is over the amo	unt shown above for your fi	ling status, see page 8 of	the instructions.	1.3	
30 S	Subtract line 29 from line	28. If more than zero, go to	line 31. If zero or less, e	nter -0- here and on lines 33 ar	nd Sill	
;	35 and skip the rest of P	art II.	**********	d enter.	30	17,527
31 *	If you are fling Form 258	is or 2555-EZ, see page 9 of the	e instructions for the amount i	enter.		
•	If you reported capital ga on from 1040, line 9b; o	in distributions directly on Form r you had a gain on both lines t r), complete Parl III on the back	1040, line 13; you reported of 5 and 16 of Schedule D (Ford	ualified dividends	31	4,557
•	All others: If line 30 is 1 Otherwise, multiply line 3	\$175,000 or less (\$87,500 or les 10 by 28% (.28) and subtract \$3	s if married filing separately), ,500 (\$1,750 if married filing s	multiply line 30 by 26% (,26). eparately) from the result.		
32 A	Itemative minimum tax f	oreign tax credit (see page	9 of the instructions)	_	32	AND THE STREET, STREET
33 T	entative minimum tax. S	ubtract line 32 from line 31			33	4,557
54 !	ax from Form 1040, line	44 (minus any tax from Fol	m 4972 and any foreign f	ax credit from Form 1040,		
				Form 1040 must be refigured		
W	ithout using Schedule J	(see page 11 of the instruc-	tions)	-	34	10,919
5 A	MT. Subtract line 34 from	n line 33. If zero or less, en	ter -0 Enter here and on	Form 1040, line 45	35	0
or F	aperwork Reduction A	ct Notice, see your tax ret	urn instructions.			Form 6251 (2010)